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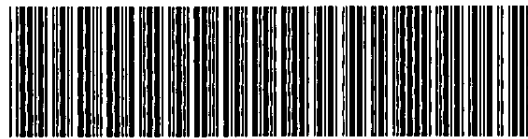
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG - 1 AM 9:49

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COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Aventura Zerona Associates, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00

Filing Fee



\$78.75

Filing Fee

& Certificate of Status



\$78.75

Filing Fee

& Certified Copy



\$87.50

Filing Fee,

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: Lawrence Blumberg, M.D.

Name (Printed or typed)

20305 Biscayne Blvd.

Address

Aventura, Florida 33180

City, State & Zip

305-932-5619

Daytime Telephone number

scubaphile@aol.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: Aventura Zerona Associates, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address
20305 Biscayne Blvd.
Aventura, Florida 33180

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To provide cold laser fat loss treatments to patients

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Lawrence Blumberg, M.D. Pres/Treas.</u>	Name and Title: _____
Address: <u>2600 Island Blvd. #905</u>	Address: _____
<u>Aventura, Florida 33160</u>	_____

Name and Title: <u>Leonard J. Pianko, M.D. V P/Sec.</u>	Name and Title: _____
Address: <u>3301 Water Oak Street</u>	Address: _____
<u>Hollywood, Florida 33160</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Lawrence Blumberg, M.D.
Address: 2600 Island Blvd. #905
Aventura, Florida 33160

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lawrence Blumberg, M.D.
Address: 2600 Island Blvd. #905
Aventura, Florida 33160

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Lawrence Blumberg

Required Signature/Registered Agent

7/28/11

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Lawrence Blumberg

Required Signature/Incorporator

7/28/11

Date