

P1100094886

(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

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CORRECT SUFFIX

DATE

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10/31/11--01023--005 **137.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 OCT 31 PM 3:37

PS 11/1/11

DR. LAURENCE ROSENBLATT

3600 MYSTIC POINTE DR.

Suite 206

AVENTURA, FLORIDA 33180

DATE: 10-26-2011

Dept. of State

Division of Corporations

P>O>Box 6327

Tallahassee FL 32314

Dear Sir/Madame:

Enclosed is a check for \$137.50 (#2500) for:

1.Certification of Domestication

2.Aricles of Incorporation and Certified Copy

3.Certification of Status



Laurence Rosenblatt

COVER LETTER

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

SUBJECT: Laurence Rosenblatt Audiologist PC

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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Laurence Rosenblatt Audiologist PC
Name (printed or typed)

3600 Mystic Point Drive, Suite 206
Address

Aventura, FL 33180
City, State & Zip

954-323-6300
Daytime Telephone Number

mark@twacpa.com
E-mail address: (to be used for future annual report notification)

CERTIFICATE OF DOMESTICATION

11 OCT 31 PM 3: 37

The undersigned, Laurence Rosenblatt, President,
(Name) (Title)

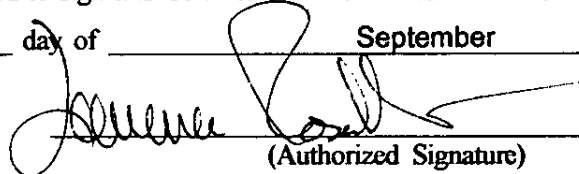
of Laurence Rosenblatt Audiologist PC a foreign corporation,
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was October 1, 1977.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was New York.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Laurence Rosenblatt Audiologist PC.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is Laurence Rosenblatt Audiologist PC.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was New York.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am President, of Laurence Rosenblatt Audiologist PC

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 26th day of September, 2011.


(Authorized Signature)

Filing Fee:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

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ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Laurence Rosenblatt Audiologist PA

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

3600 Mystic Point Drive, Suite 206
Aventura, FL 33180

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

All Services Rendered by Audiologists

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS:

100

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Laurence Rosenblatt, President
3600 Mystic Point Drive, Suite 206
Aventura, FL 33180

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (F.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Laurence Rosenblatt
3600 Mystic Point Drive, Suite 206
Aventura, FL 33180

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

Laurence Rosenblatt
3600 Mystic Point Drive, Suite 206
Aventura, FL 33180

HAVING BEEN NAMED AS REGISTERED AGENT AND 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.



Signature/Registered Agent



Date



Signature/Incorporator



Date