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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

RECEIVED JAN 18 2012

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
PERFECT PRACTICE, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	$78.75

01/19/12

FILED
12 JAN 18 PM 2:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

ARTICLE I NAME
The name of the corporation shall be: PERFECT PRACTICE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
13176 53RD CT N
ROYAL PALM BEACH, FL 33411

Mailing address, if different is:
SAME

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS

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ARTICLE IV SHARES
The number of shares of stock is: 100 @ .01

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PRESIDENT
Address: STACEY M. CRITCHLOW
13176 53RD CT N
ROYAL PALM BEACH, FL 33411

Name and Title:
Address:

Name and Title: VICE PRESIDENT
Address: ERIC B. CRITCHLOW
13176 53RD CT N
ROYAL PALM BEACH, FL 33411

Name and Title:
Address:

Name and Title: S/T
Address: DOMINIC R. DECESARE
13176 53RD CT N
ROYAL PALM BEACH, FL 33411

Name and Title:
Address:

ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name: STACEY M. CRITCHLOW
Address: 13176 53RD CT N
ROYAL PALM BEACH, FL 33411

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Name: STACEY M. CRITCHLOW
Address: 13176 53RD CT N
ROYAL PALM BEACH, FL 33411

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

Stacey M. Critchlow
Required Signature/Registered Agent — 1/18/2012 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.

Stacey M. Critchlow
Required Signature/Incorporator — 1/18/2012 Date

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