P14000052317

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				



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B. GM/4

COVER LETTER

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

SUBJECT:		ATE NAME - MUST INCL	
Enclosed are an orig	ginal and one (1) copy of the ar \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:	Nicole Victor	e (Printed or typed)	

Daytime Telephone number

Fight Ch 12 Dayna Com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 16, 2014

NICOLE VICTOR 8701 NW 48 STREET LAUDERHILL, FL 33351

SUBJECT: RIGHT CHOICE SUIMOGACY INC

Ref. Number: W14000031276

RECEIVED

14 MAY 30 AM 9: 27

SECULIA

TALLAHASSEE, FLORIDA

Surrogação

We have received your document for RIGHT CHOICE SUIMOGACY INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 614A00010671

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

The name of the corpor	ration shall be: Right Chr	sice Surroga	cy Inc
ARTICLE II PR	UNCIPAL OFFICE Principal street address	Mailing	address, if different is:
8701 Nu	48 Street		
Laudedil	_		
ARTICLE III PU	RPOSE the corporation is organized is:	Co-ordinate	the services
Of Lindin	ng Competent-S	umagate m	others who
wood.	origo pregnono	y Rox Inter	ded parents
through	Invetro fertili	sation (TV)	t)
-throas		i de la constantia del constantia del constantia del constantia del constantia della consta	
ARTICLE IVSH	iares -		(199)
The number of shares	of stock is:		
ADTICLE IZ IN	ITIAL OFFICERS AND/OR DIREC	CTOPS	A SET
			30
Name and Ti	tle: Nicole Victor Dre	. /	
Address	8101 NM 78 AL	Address:	
	boundahill		
	fh. 33351		
Name and Tit	le:	Name and Title:	
Address		Address:	
	· · · · · · · · · · · · · · · · · · ·	1	
Name and Tit	le:	Name and Title:	
Address			
/ tuui C33			

Name and	f Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT	
The <u>name and Flo</u>	orida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	Nione Victor	the registered agent is:
Address:	8701 NWYE Street	
	Landelry H 33351	P P P P P P P P P P P P P P P P P P P
ARTICLE VII	INCORPORATOR	
The name and ad	dress of the Incorporator is:	
Name:	Nicole Victor	
Address:	8701 NW 48 Street	
	Laude hill fl 33351	
Having been nam this certificate, I a	ned as registered agent to accept service of process j am familiar with and accept the appointment as regi	for the above stated corporation at the place designated in stered agent and agree to act in this capacity
-	1) Vol	5-7-14
	Required Signature/Registered Agent	Date
I submit this doci document to the L	ument and affirm that the facts stated herein are t Department of State constitutes a third degree felony	rue. I am aware that the false information submitted in a provided for in s.817.155, F.S.
	Di Viel	5-7-14
	Required Signature/Incorporator	Date