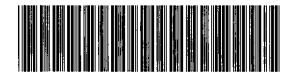
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COVER LETTER

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

SUBJECT: L. Edwa	rd Antosek, FAA Medicine P.A.		
BOD, ECT.	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	l 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
VA		ADDITIONAL COPY REQUIRED	
FROM:	L. Edward Antosek Nam North Federal Highway Suite 59	e (Printed or typed)	
	TWINIT Edition Trightway State 39	Address	
Dar	nia Beach, FL 33004		
	City	, State & Zip	
(84:	3) 368 - 0369		
	Daytime	Felephone number	7111
edar	ntosek@mac.com		
-	E-mail address: (to be use	ed for future annual report i	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)

The name of the corporat	ion shall be: L. Edward Antosek, FAA M	Medicine P.A.	
233 North Federal High	Principal street address	Mailing address SAME	, if different is:
Dania Beach, FL 33004			
ARTICLE III PURPO The purpose for which the	PSE TO PRA he corporation is organized is:	CTICE MEDICINE, SPECIALIZIN	G IN AVIATION
MEDICINE AS A PRO	DFESSIONAL MEDICAL PRACTICE.		
			5
ARTICLE IV SHARE	<u>ES</u> 100		HH 12: 51
The number of shares of	SLOCK 1S:		***
	L OFFICERS ANDIOR DIRECTORS L Edward Antosek Director / PST		
	L. Edward Antosek, Director / PST 233 North Federal Highway Suite 59	Name and Title:	
Address	Dania Beach, FL 33004	Address:	
Name and Title:		Name and Title:	
Address		Address:	
			
Name and Title:		Name and Title:	
Address		Address:	

Name a	and Title:	Name and Title:	
Address		Address:	
ARTICLE VI	REGISTERED AGENT		
	Florida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	L. Edward Antosek		
Address:	233 North Federal Highway Suite 59		
	Dania Beach, FL 33004		
A DWIGH E LYH	INGOODOD (GOO		
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>		
The <u>name and</u>	address of the incorporator is:		
Name:	L. Edward Antosek	_	
Address:	233 North Federal Highway Suite 59		
	Dania Beach, FL 33004		
	I EFFECTIVE DATE: January 1, 2016 if other than the date of filing:	. (OPTIO	NAL)
	e date is listed, the date must be specific and can	not be more than five b	usiness days prior or 90 business
	ate inserted in this block does not meet the applicate		ments, this date will not be listed as
the document's	s effective date on the Department of State's record	ls.	
	named as registered agent to accept service of proc I am familiar with and accept the appointment as		
•			• •
	Required Signature/Registered Agent	714	/ / / G Date
	locument and affirm that the facts stated herein a	re true. I am aware that	the false information submitted in a
	ne Department of State constitutes a third degree fe	lony as provided for in s.&	317.155, F.S.
Z	Thourd anticul		1-1-16
Rec	quired Signature/Incorporator		/-/- // Date