

995000034493

Claudette Armand Jean-Pierre
(Requestor's Name)

135 Sierra Drive
(Address)

N. Miami, FL 33179
(City, State, Zip) (Phone #)

OFFICE USE ONLY

400001467374
-04/27/95--01117--002
*****70.00 *****70.00

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
95 APR 27 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. REGISTER MAY 3 1995

Examiner's Initials

FILED

95 APR 27 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF

CLAUDIA'S PARAMEDICAL SERVICES BOUTIQUE, INC.

ARTICLE I. CORPORATE NAME.

The name of this Corporation is CLAUDIA'S PARAMEDICAL SERVICES BOUTIQUE, INC.

ARTICLE II. PRINCIPAL OFFICE.

The principal place of business and mailing address of this corporation are 135 Sierra Drive, N. Miami, Florida 33179.

ARTICLE III. CAPITAL STOCK.

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 100.

ARTICLE IV. INITIAL REGISTERED AGENT AND OFFICE.

The name and address of the initial registered agent are Claudette Armand Jean-Pierre, 135 Sierra Drive, N. Miami, FL. 33179.

ARTICLE V. INCORPORATORS.

The name(s) and street address(es) of the incorporator(s) to these articles of incorporation are:

Claudette Armand Jean-Pierre at 135 Sierra Drive, N. Miami, FL. 33179.

ARTICLE VI. BOARD OF DIRECTORS.

The initial Board of Directors shall have 1 member whose name and address are:

Claudette Armand Jean-Pierre at 135 Sierra Drive, N. Miami, FL.
33179.

The number of directors may be raised or lowered by amendment of
the bylaws but shall in no case be less than one.

The undersigned have executed these articles of incorporation on
_____.

Claudette Armand Jean Pierre
Claudette Armand Jean-Pierre/Incorporator

Having been named a registered agent and to accept service of
process for the above stated corporation at the place designated in
this certificate I hereby accept the appointment as registered
agent and agree to act in this capacity. I further agree to comply
with the provisions of all statutes relating to the proper and
complete performance of my duties, and am familiar with and accept
the obligations of my position as registered agent.

Dated 4/14/85 _____

Claudette Armand Jean Pierre
Registered Agent

**CERTIFICATE DESIGNATING
REGISTERED AGENT AND REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: CLAUDIA'S PARAMEDICAL SERVICES BOUTIQUE, INC..
2. The name and address of the registered agent and office is:

Claudette Armand Jean-Pierre
President
CLAUDIA'S PARAMEDICAL SERVICES BOUTIQUE, INC.
135 Sierra Drive
N. Miami, FL. 33179

SIGNATURE: Claudette Armand Jean-Pierre

TITLE: President

DATE: 4/14/85

FILED
95 APR 27 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE Claudette Armand Jean-Pierre (registered agent)

DATE: 4/14/85