

P95000043501

TRANSMITTAL LETTER

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

SUBJECT: IMPOTENCY EVALUATION CENTER, INC.
(Proposed corporate name - must include suffix)

100001502151
-05/31/95--01070--006
*****70.00 *****70.00

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

☒ \$70.00

☐ \$78.75

☐ \$122.50

☐ \$131.25

FROM: GEORGETTE RAUCKHORST
Name (printed or typed)

6195 SEASIDE DR
Address

NEW PORT RICHEY FL. 34652
City, State & Zip

813-862-2495
Daytime Telephone number

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

FILED
95 MAY 30 10 00
TALLAHASSEE, FL
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION
OF

FILED
95 MAY 30 AM 8 00
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

IMPOTENCY EVALUATION CENTER, INC.

The undersigned incorporation(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the Corporation shall be:

IMPOTENCY EVALUATION CENTER, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

6195 SEASIDE DR.
NEW PORT RICHEY FL. 34652

ARTICLE III CAPITAL STOCK

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

1000 COMMON SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

GREG RAUCKHORST
40347 US 19 STE. T36
TARPON SPRINGS, FL. 34689

ARTICLE V INCORPORATION(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

GEORGETTE RAUCKHORST
6195 SEASIDE DR.
NEW PORT RICHEY, FL. 34652

The undersigned has(have) executed these Articles of Incorporation this

19TH day of May, 19 95.

Georgette Rauckhorst A, VP
Signature/Title

Signature/Title

Signature/Title

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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: IMPOTENCY EVALUATION CENTER, INC.

2. The name and address of the registered agent and office is:

GREG RAUCKHORST
(Name)

40347 US 19 STE. 136
(P.O. Box not acceptable)

TARPON SPRINGS, FL. 34689
(City/State/Zip)

FILED
95 MAY 30 AM 9 00
TALLAHASSEE, FLORIDA

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 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 I am familiar with and accept the obligations of my position as registered agent.

Greg Rauckhorst
(Signature)

5/19/95