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TP 19SEP95 FLORIDA DIVISION OF CORPORATIONS
9:32 AM PUBLIC ACCESS SYSTEM (((H95000010442))) ELECTRONIC FILING COVER SHEET TO: DIVISION OF CORPORATIONS FROM: FILINGS, INC. DEPARTMENT OF STATE 3732 NW 16TH ST STATE OF FLORIDA 409 EAST GAINES STREET FT LAUDERDALE FL 33311- 27 TALLAHASSEE, FL 32399 CONTACT: TERESA ROMAN FAX: (904) 922-4000 PHONE: (904) 385-6735 FAX: (904) 385-6761 (((H95000010442))) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A. NAME: CHIROFIEL, INC. FAX AUDIT NUMBER: H95000010442 CURRENT STATUS: REQUESTED DATE REQUESTED: 09/19/1995 TIME REQUESTED: 09:32:39 CERTIFIED COPIES: 0 CERTIFICATE OF STATUS: 1 NUMBER OF PAGES: 4 METHOD OF DELIVERY: MAIL ESTIMATED CHARGE: $78.75 ACCOUNT NUMBER: 072720000101 Note: Please print this page and use it as a cover sheet when submitting documents to the Division of Corporations. Your document cannot be processed without the information contained on this page. Remember to type the Fax Audit number on the top and bottom of all pages of the document. (((H95000010442))) ** ENTER 'M' FOR MENU. **

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95 SEP 19 PM 1:50
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Sep-19-95 10:23 AM

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

CHIROFIEL, INC.

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

ARTICLE I - NAME

The name of the corporation shall be: Chirofiel, Inc.

The principal place of business of this corporation shall be: 2269 South University Drive, Suite 139, Davie, Florida 33324.

ARTICLE II - NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III - CAPITAL STOCK

This corporation is authorized to issue 100 shares of $1.00 par value common stock which shall be designated "Common Shares."

ARTICLE IV - TERM OF EXISTENCE

This corporation is to exist perpetually.

Prepared by
Edward G. Salantrie, Esq.
633 S.E. 3rd Ave. Suite 4F
Ft. Lauderdale, Fl. 33301
305-523-2100
Bar #311103

HP50000104 43

H950000104 43

ARTICLE V - BOARD OF DIRECTORS

This corporation shall have one (1) Director(s) constituting the initial Board of Directors. The number of Directors may be either increased or decreased from time to time by the By Laws. The names and addresses of the initial Board of Directors of this Corporation are:

NAME	ADDRESS
PRESIDENT & SECRETARY & TREASURER	Pamela Leif 401 Riveria Isle Fort Lauderdale, Florida 33301

ARTICLE VI - INCORPORATOR(S)

The name and address of each person signing these Articles is:

NAME	ADDRESS
Pamela Leif	401 Riveria Isle Fort Lauderdale, Florida 33301

ARTICLE VII - INDEMNIFICATION

The corporation shall indemnify any Officer or Director, or any former Officer or Director, to the full extent permitted by law.

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ARTICLE VIII - AMENDMENT

This corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation, or any amendment thereto, and any right conferred upon the shareholders is subject to this revision.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this 15 day of Sept, 1995.

Pamela Leif
PAMELA LEIF

STATE OF FLORIDA
COUNTY OF BROWARD

THE FOREGOING instrument was acknowledged before me this 15th day of September, 1995 by Pamela Leif, who is personally known to me X or has produced ____ as identification and who did take an oath.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the State and County aforesaid, this 15th day of September, 1995.

My Commission Expires:

Patricia Ann Moore
NOTARY PUBLIC

PATRICIA ANN MOORE
MY COMMISSION # CC 383869
EXPIRES: June 14, 1998
Bonded Thru Notary Public Underwriters

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CERTIFICATE DESIGNATING REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0505, 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 Chirofiel, Inc.

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

Pamela Leif
401 Riveria Isle
Fort Lauderdale, FL 33301

PAMELA LEIF

TITLE Registered Agent

DATE 9/15/95

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED 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 607.0505 FLORIDA STATUTES

PAMELA LEIF as
REGISTERED AGENT

9/15/95
DATE

FILED
95 SEP 19 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR '96 REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 NOV 19 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000072283

1. Corporation Name
CHIROFIEL, INC.

Principal Place of Business
2269 SOUTH UNIVERSITY DRIVE
SUITE 139
DAVIE FL 33324

Mailing Address
2269 SOUTH UNIVERSITY DRIVE
SUITE 139
DAVIE FL 33324

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

REINSTATEMENT 96

4. Date Incorporated or Qualified To Do Business in Florida: 09/19/1995

5. FEI Number: 65-0627644

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PSTD	LEIF, PAMELA	~~491 RIVIERA ISLE~~ 4730 SW 62 way #104	~~FT. LAUDERDALE FL 33301~~ Davie FL 33314

300000201190 3--S
-11/22/96--01011--006
****375.00 ****375.00

8. Name and Address of Current Registered Agent
LEIF, PAMELA
~~491 RIVIERA ISLE~~ 4730 SW 62 way #104
FT. ~~LAUDERDALE~~ FL 33301 Davie, FL 33314

JB 11-20-96

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State: FL | Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Pamela S. Leif
REGISTERED AGENT MUST SIGN
Date: 9/15/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Pamela S. Leif PAMELA S. LEIF 9/15/96 954-327-0539
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E340 (7/96)

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