P96000028707 TRANSMITTAL LETTER

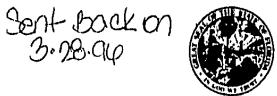
Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



SUBJECT: <u>Maria 1</u>	r. Nodarse, D.C., P.A. roposed corporate name - must include suffix)	
Enclosed is an original for:	and one (1) copy of the articles of incor	poration and a check] \$131.25 1 [1] 10 1 5 9 0 9 1 1 -01/17/9601080020 ******70.00 ******70.00
FROM:	The Law Office of Peter A. Name (printed or typed) 5403 N.W. 199th Terrace Address	W91-1583 630
	Miami, Florida 33055 City, State & Zip (305) 620-8246 Davtime Telephone number	

By/2

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



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

January 22, 1996

THE LAW OFFICE OF PETER A. BARONE 5403 N.W. 199TH TERRACE MIAMI, FL 33055

SUBJECT: MARIA T. NODARSE, D.C., P.A.

Ref. Number: W96000001583

We have received your document for MARIA T. NODARSE, D.C., P.A. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific nature of business of the professional association must be stated in the document.

Please return 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 filling of your document, please call (904) 487-6927.

Kathy Hyman Document Specialist

Letter Number: 996A00002665

COPY



ONESCO STATIONS ON A STATIONS

The undersigned incorporator(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:

Maria T. Nodarse, D.C., P.A.

ARTICLE II PRINCIPAL OFFICE

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

2050 West 56th Street Suite 15 Hialeah, Florida 33016 NATURE OF BUSINESS: Chiropractor

ARTICLE III SHARES

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

100 Shares @ .10¢ per Share

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

The Law Office of Peter A. Barone 5403 N.W. 199th Terrace Miami, FLorida 33055 (305) 620-8246

ARTICLE V INCORPORATORIS

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

Maria T. Nodarse, D.C., R.T., - President 3445 N.W. 2nd Terrace Miami, Florida 33125

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

Main Moraine Signature

___day of <u>December</u>

30th

Signature

Signature

Articles of Incorporation Filing Fee - \$35

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.

	·
. The nam	e and address of the registered agent and office is:
	The Law Office of Peter A. Barone
	(Name)
	5403 N.W. 199th Terrace (P.O. Box not acceptable)
	Miami, Florida 33055 (City/State/Zip)

1. The name of the corporation is: Maria T. Nodarse, D.C., P.A.

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.

(Signature)/

10.90.95