Transmittal Letter for a Electida Corporation

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

SUBJECT:

(Proposed corporate name - must include suffix)

AUREVOIR VEINS, INC.

Enclosed is an original and one copy of the articles of incorporation and a Designation and Acceptance of Registered Agent for a Horida Corporation.

Please provide a certified copy of these articles.

A check for \$122.50 is enclosed.

FROM: (signafure).

RETURN TO: David Rowe 631 Executive Center Dr. #204

W. Palm Beach, Fl. 33401-4935 Daytime Telephone: 561-471-1010 

## ARTICLES OF INCORPORATION

OF

AU REVOIR VEINS, INC.

ARTICLE I. CORPORATE NAME.

The name of this corporation is AU REVOIR VEINS, INC.

ARTICLE II. PRINCIPAL OFFICE.

The principal place of business and mailing address of this corporation are 535 SO, FLAGLER Dr. W. Palm Beach, Fl. 33401

ARTICLE III. CAPITAL STOCK.

The number of slures of stock that this corporation is authorized to have outstanding at any one time is twenty-five(25) slures of common stock at no par-

# ARTICLE IV. INITIAL REGISTERED AGENT AND OFFICE.

The name and address of the initial registered agent are Jerome W. Cruft 535 S. Flagler Dr. W. Palm Beach, Fl. 33401

ARTICLE V. INCORPORATORS.

The name(s) and street address(es) of the incorporator(s) of these articles of incorporation are same as above.

## OPTIONAL PROVISIONS.

This corporation may perform all functions of a medical practice, and render any appropriate medical care in conjunction therewith.

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(signature)

JEROME W. CRAFT, M.D., PRESIDENT, AND REG. AGENT

Designation and Acceptance of Registered Agent for a Horida Corporation

Presuant to the provisions of F.S. 60;——, one undersigned corporation, organized under the laws of the State of Horida, submits the following statement in designating the registered office/registered agent in the State of Florida.

- 1. The name of the corporation is AU REVOIR VEINS, INC.
- 2. The name of the registered agent is JI ROML W. CRAFL M.D.
- 3. The address of the registered agent/registered office is 535 S. Flagler Dr. W. Palm Beach, Fl. 3,5401.

### Acceptance

Having been named as registered agent and designated to accept service of process for the above corporation. I hereby accept the appointment as registerer, 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.

HELOME W. CRAFT, M.D.

Dute: 23 Way 96