

P96000065485

**CAPITAL CONNECTION, INC.**

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870  
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302  
 TOLL FREE No. 1-800-342-8062  
 FAX (904) 222-1222

NAME \_\_\_\_\_  
 FIRM \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PHONE ( ) \_\_\_\_\_

Service: Top Priority \_\_\_\_\_ Regular \_\_\_\_\_  
 One Day Service Two Day Service

To us via \_\_\_\_\_ Return via \_\_\_\_\_

Mail No.: \_\_\_\_\_ Express Mail No. \_\_\_\_\_

State Fee \$ \_\_\_\_\_ Our \$ \_\_\_\_\_

RE: GETELLE LABORATORY, P.A.

- Capital Express™
- Art. of Inc. File *Photo copy*
- Corp. Record Search
- Ltd. Partnership File
- Foreign Corp. File
- ( ) Cert. Copy(s)
- Art. of Amend. File
- Dissolution/Withdrawal
- O U B. *95*
- Fictitious Name File
- Name Reservation
- Annual Report/Reinstatement
- Reg. Agent Service
- Document Filing
- Corporate Kit
- Vehicle Search
- Driving Record
- Document Retrieval
- UCC 1 or 3 File
- UCC 11 Search
- UCC 11 Retrieval
- File No.'s, Copies
- Courier Service
- Shipping/Handling
- Phon ( )
- Top Priority
- Express Mail Prep.
- FAX ( ) pgs.

C.O. FEE  
 STATE OF DISBURSED  
 FIN-D  
 PAGES

AUG 11 1996  
 08/05/96-0113-001  
 \*\*\*10.15 \*\*\*10.15

**SUBTOTALS**

FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$

F. CHESSEY AUG 6 1996

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE	<u>8/11/96</u>		
TIME	<u>4:28 9:30</u>		CK No. _____
BY	<u>[Signature]</u>		

WALK-IN Will Pick Up \_\_\_\_\_

Please remit invoice number with payment  
**TERMS: NET 10 DAYS FROM INVOICE DATE**  
 1 1/2% per month on Past Due Amounts  
 Past 30 Days, 18% per Annum.

**THANK YOU**  
from  
Your Capital Connection

**ARTICLES OF INCORPORATION**  
**OF**

**Giselle Leibovitch, P.A.**

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.

FILED  
AUG - 5 PM 12:55  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

Giselle Leibovitch, P.A.

**ARTICLE II PRINCIPAL OFFICE**

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

7274 N.W. 68<sup>th</sup> Drive  
Parkland, FL 33067  
(954) 340-3440

**ARTICLE III CAPITAL STOCK**

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

One Thousand Shares (1000.) at One Dollar (\$1.00) par value per share.

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

Giselle Leibovitch  
7274 N.W. 68<sup>th</sup> Drive  
Parkland, FL 33067

**ARTICLE V PURPOSE**

The purpose of the corporation shall be:

A psychology corporation operating under the laws of the State of Florida

**ARTICLE VI INCORPORATOR(S)**

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

President/Director  
Giselle Leibovitch  
7274 N.W. 68<sup>th</sup> Drive  
Parkland, FL 33067

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

29<sup>th</sup> day of July, 19 96.

Giselle Leibovitch  
Signature

7-29-96  
Signature

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 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: Giselle Leibovitch, P.A.

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

Giselle Leibovitch

(NAME)

7274 N.W. 68<sup>th</sup> Drive

(P.O. BOX NOT ACCEPTABLE)

Parkland, FL 33067

(CITY,STATE,ZIP)

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

Giselle Leibovitch

DATE

7-29-96

FILED  
AUG -6 PM 12 55  
TALLAHASSEE, FLORIDA