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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 NOV 19 AM 9:19

TRANSMITTAL LETTER

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

800002008308--7
-11/19/96--01135--013
*70.00 *****70.00

SUBJECT: NATIONWIDE RESPIRATORY SEMINARS, INC.
(Proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and a check
for \$ 70.00.

FROM: WILLIAM E. LINDAHL
Name (Printed or typed)
35246 US HWY 19 NORTH, SUITE 317
Address
PALM HARBOR, FL 34684
City, State & Zip
1-800-561-9630
Telephone number

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

D. BROWN NOV 25 1996

ARTICLES OF INCORPORATION
OF

NATIONWIDE RESPIRATORY SEMINARS INC.

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::

NATIONWIDE RESPIRATORY SEMINARS, INC.

ARTICLE II PRINCIPAL OFFICE

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

35246 US HWY 19 N
SUITE 317
PALM HARBOR, FL 34684

ARTICLE III SHARES

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

ONE THOUSAND

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

WILLIAM E. LINDAHL
35246 US HWY 19 N
SUITE 317
PALM HARBOR, FL 34684

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ARTICLE V INCORPORATOR(S)

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

WILLIAM E. LINDAHL
35246 US HWY 19 N.
SUITE 317
PALM HARBOR, FL 34684

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

13th day of November ~~13~~ 1996.



Signature

Signature

Signature

Articles of Incorporation
Filing Fee - \$35

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

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Pursuant to the provisions of section 607.0501, 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: NATIONWIDE RESPIRATORY SEMINARS, INC.

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

WILLIAM E. LINDAHL

(Name)

35246 US HWY 19 NORTH, SUITE 317

(P.O. Box NOT acceptable)

PALM HARBOR, FL 34684

(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 William E. Lindahl

DATE 11/13/96

REGISTERED AGENT FILING FEE: \$35.00

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
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