P960000 9 784Z LAWARUS CORPORATE INDUSTRIES, IN. Requestor's Name

890 S.W. 87 AVENUE SUITE: 16
Address

MIAMI, FLORIDA 33174 (305)552-5973

City/State/Zip Phone #

LOCAL REPRESENTATIVE TALLAHASSEE

0.000000301943005

Office Use Only

CORPORATION NAME(S)	Š	DOCUMENT NUMBER(S),	(if	known):
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1. 2000	Doctors poration Name)	OFFI	15- 100 A	1/2	
(Coi	poration Name)	(Da	ocument #)		
2. <u>(Cor</u>	poration Name)	(Do	cument #)		
3. <u>(Cor</u>	oration Name)	(Dō	cument #)		
4	oration Name)	(Do	cument #)	96 DEC -4	
(601)	Annual Hanney	(150	cument #j	DEC	
- Walk in	Pick up time	100	Certified C	opy	
Mail out	Will wait	Photocopy	-El Certificate	of Status 27	
NEW FILINGS	AMENDME	NTS INTERIOR	ME	7 RIDA	
Profit	Amendment				
NonProfit	Resignation of ?	A., Officer/ Direct	or		
Limited Liability	Change of Regist	cred Agent		5	
Domestication	Dissolution/With	drawal		<u> </u>	3
Other	Merger			50 metorato 17-03/1-ce	REC

NO.	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

쀎	REGISTRATION :
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

RECEIVED.
95 PEC -4 MID: 55
PRESIDER COLLEGATION

Examiner's Initials

DFC - 4 1998

Date DECEMBER 1, 1996

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

Re 2000 DOCTOR'S OFFICE, CORP. , Inc.
(name of corporation)
Gentlemen:
Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$
This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.
Very truly yours,
(individual's name)
2000 DOCTOR'S OFFICE, CORP.
(name of corporation)
MAILING ADDRESS OF CORPORATION ————————————————————————————————————
MIAMI, FLORIDA 33144
PHONE
(305) <u>261 – 8884</u> Area Code Phone Number Ext.

ΔR	TICLES OF INC	<u>ORPORATI</u>	<u>ON</u>	المارات	1. En
2000 DOCT	OR'S OFFICE, C	ORP.	<u></u>	96 DEC -	<u>li ei</u>
	(name of corp	omtion)	77		<u> , 1111:27</u>
2000 DOCT The undersigned subscriber(s) to these form a corporation under the laws of the	Articles of incorporm e State of Florida.	tion, natural pe	rson(s) com	petent to conf	fact, herchy/L
The name of the corporation is:	<i>RTICLE I - CORPO</i>	ORATE NAME			
This corporation shall exist perpetually	ARTICLE II - De	URATION ording to Florid	a law.		
The corporation is organized for the put the United States and the State of Floric	ARTICLE III - I ^a rpose of engaging in a la.	PURPOSE nny activities or	· business pa	ermitted unde	r the laws of
The corporation is authorized to issue	ARTICLE IV - CAPI FIVE HUNDRED ar, value Common Se	shares (500 II be design) of nted "Commo	ONE on Shares".
ARTICLE V - I	NITIAL REGISTER d Agent office and th	ED OFFICE . te name of the I	AND AGE	NT lered Agent a	t that office is:
NAME DULCE PEREZ	PRESIDENT				
ADDRESS 143 S.W. 57 AVE.				<u>- </u>	
CITY MIAMI	STATE	FLORIDA	ZIP 3	3144	
The principal office, if known, or the ma					
NAME 2000 DOCTOR'S OFFIC	F. CORP				
ADDRESS 143 S.W. 57 AVE.	L) CORP.		<u>.</u>		
CITY MIAMI	STATE	FLORIDA	ZIP 33	144	
	VI - INITIAL BOAR) directime by the By-	CTORS tors initially	. The number	r of atn one (1).
NAME DULCE PEREZ			-		
ADDRESS 143 S.W. 57 AVE.					
CITY MIAMI	STATE	FLORIDA	ZIP ,	3144	
NAME	· · · · · · · · · · · · · · · · · · ·			<u> </u>	
ADDRESS					
CITY	STATE		ZIP	····	

STATE

ZIP

NAME **ADDRESS**

CITY

Article VII - INCORPORATORS

The names and addresses of the	incorporators signing	these Articles	of Incorp	oradon are as	follows:
NAME DULCE PEREZ				****	
ADDRESS 143 S.W. 57 AVE	•				<u></u>
CITY MIAMI	STATE	FLORIDA	ZIP	33144	
NAME					
ADDRESS					
CITY	STATE		ZIP		
NAME			·		
ADDRESS					
CITY	STATE		ZIP	· · · · · · · · · · · · · · · · · · ·	
IN WITNESS WHEREOF, the undersign fay of	- 19 <u>96</u>	Rerey			(Scal)
					(Scal)
STATE OF FLORIDA)				
COUNTY OF _ DADE	SS)				
before me, a Notary Public authorized personally appeared: DULCE PER	to take acknowledgme	nts in the State	and Cou	nty set forth a	above,
Dere Vere	o a Fi	L_DL #P620-	-173-66	5_831_0	
Signature)		orm of Ident		
Signature		Fo	rm of Ident	ification	
Signature		For	m of Identi	lication	
nown to me and known to be the person(s) who exected the SHE executed the the above named person as indicated opposi	ruted the foregoing Articles of ese articles of Incorporation, te each name, and that an oat	Incorporation, who	acknowled	ged before	n
NOTATRY RUBBER STAMP SEAL	Witness my hand a	nd official scal in the	County an	d State last afores	said this
		. day ofDECE			
		Bau	_	° 0	ENOTARY SEAL
	Kolary Sigmture	ORGE BANO	- 1	JO7 NOTARY PUBL COMMISS	RGE BANOS IC STATE OF FLORI ION NO. CC253211
<u></u>	Primed Notary Signi	ture	L	COMMISS	ION EXP. JAN. 14,19

CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT OF

(name of corporation)	
Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation at 143 S.W. 57 AVE	_
MIAMI, FLORIDA 33144	- -
has named DULCE PEREZ	- .
located at the aforesaid address, as its Registered Agent to accept service of process within this state.	96 DEC -1
ACKNOWLEDGEMENT	#IIII: 27
Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.	27 ORIDA