

TRANSMITTAL LETTER

P97000039088

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

FILED  
97 APR 30 PM 3:25  
TALLAHASSEE, FLORIDA

SUBJECT: MALE VIRILITY AND HEALTH CENTERS, INC  
(Proposed corporate name - must include suffix)

400002160314--3  
-04/30/97--01062--001  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM: ALAN POSNER

Name (Printed or typed)

4270 NW 19th AVE SUITE D

Address

POMEROY BEACH, FL 33064

City, State & Zip

(954) 969-1600

Daytime Telephone number

MAY 1 - 1997

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

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

### ARTICLE I NAME

The name of the corporation shall be:

MALE VIRILITY AND HEALTH CENTERS, INC

### ARTICLE II PRINCIPAL OFFICE

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

4270 NW 19th AVENUE  
SUITE D  
POMPANO BEACH, FL 33064

### ARTICLE III SHARES

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

100

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

ALAN POSNER  
4270 NW 19th AVE  
SUITE D  
POMPANO BEACH, FL 33064

### ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

LEONARD R BEDNARCZYK  
444 BRICKELL AVE  
SUITE 417  
MIAMI, FL 33131

  
Signature/Incorporator

  
Date

(An additional article must be added if an effective date is requested.)

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/Registered Agent

  
Date

TALLAHASSEE, FLORIDA

97 APR 30 PM 3:25

FILED