

## TRANSMITTAL LETTER

P97000054684

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

SUBJECT: CAPPS, INC.  
(proposed corporate name)

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

FROM:

CAPPS INC.

CAPPS, INC.

Name (printed or typed)	991 S.W. 40 <sup>th</sup> Ave
<del>340 N. TREMAIN STREET</del>	Suite - G-3 Box 56
Address	Plantation, FL 33317
<del>MOUNT DORA, FL 32757</del>	
City, State, & Zip	
( <del>352</del> ) <del>383-2730</del>	954 587-0035
Telephone Number	

ewov

000002155210--4  
-04/25/97--01070--003  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Note: Please provide the original and one copy of the Articles.

FILED  
97 JUN 20 PM 2:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. REGISTER JUN 20 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

May 2, 1997

WM I CAPPS  
991 SW 40 AVE STE G-3 BOX 56  
PLANTATION, FL 33317

SUBJECT: CAPPS, INC  
Ref. Number: W97000010175

We have received your document for CAPPS, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6904.

Frelida Chesser  
Corporate Specialist

Letter Number: 297A00023148

NEW NAME:

W.I. CAPPS, M.D., INC.

## ARTICLES OF INCORPORATION

OF

W.I. CAPPS, M.D., 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:

W.I. CAPPS, M.D., INC.

### ARTICLE II PRINCIPAL OFFICE

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

991 SW 40th Ave.  
Suite G-3 Box 56  
Plantation, FL 33317

### ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

WILLIAM I. CAPPS  
991 SW 40th Ave  
Suite G-3 Box 56  
Plantation, FL 33317

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE V INCORPORATOR(S)**

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

WILLIAM I. CAPPS,  
991 SW 40th Ave.  
Suite G-3 Box 56  
Plantation, FL 33317

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

23 day of APRIL, 19 97.

William I. Capps  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Articles of Incorporation  
Filing Fee - \$ 70

**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:

W.I. CAPPS, M.D., INC.

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

WILLIAM I. CAPPS,

(NAME)

991 SW 40th Ave.

Suite G-3 Box 56

(P.O. BOX NOT ACCEPTABLE)

Plantation, FL 33317

(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 I. Capps

DATE

4/23/97

REGISTERED AGENT FILING FEE: \$ 70.00

**FILED**  
97 JUN 20 PM 2:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA