

P 97000055271

TRANSMITTAL LETTER

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

SUBJECT: GRIFFIN RD PROFESSIONAL CENTER, INC.

I enclose an original and ONE copy of the Articles of Incorporation for the above corporation and a check in the amount of \$_____.

SIGNED: _____

From: LEONOR A. AGUIRRE
5450 GRIFFIN RD.
DAVIE, FL 33314

(954) 584-6969
Telephone Number

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 JUN 23 10 07 2

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ARTICLES OF INCORPORATION
OF
GRIFFIN RD PROFESSIONAL CENTER, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 JUN 22 11 05 2

ARTICLE I NAME

The name of the corporation shall be: GRIFFIN RD PROFESSIONAL CENTER, INC.

ARTICLE II PRINCIPAL OFFICE

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

5450 GRIFFIN RD., DAVIE, FL 33314

ARTICLE III CAPITAL STOCK

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

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

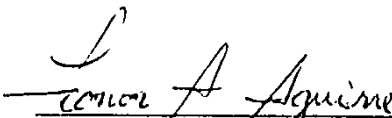
LEONOR A. AGUIRRE
5450 GRIFFIN RD.
DAVIE, FL 33314

ARTICLE V INCORPORATOR

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

LEONOR A. AGUIRRE
5450 GRIFFIN RD.
DAVIE, FL 33314

The undersigned has executed these Articles of Incorporation this 18TH day of JUNE 1997.



LEONOR A. AGUIRRE, Incorporator

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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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: GRIFFIN RD PROFESSIONAL CENTER, INC.

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

LEONOR A. AGUIRRE
5450 GRIFFIN RD.
DAVIE, FL 33314

Signature: _____

Leonor A. Aguirre

Title: INCORPORATOR

Date: JUNE 18, 1997

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: _____

Leonor A. Aguirre

Date: JUNE 18, 1997