P970000 7536

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

SUBJECT: Aar	lyn Surgical, Inc	• must beliede suff	iw)	· -	
	-08/2 8/9			795801 701051011 .75 *****78.75	
Enclosed is an original	and one(1) copy of the artic	cles of incorporation and a o	check for :	· •	
\$70.00 Filing Fee	**EK\$78.75 Filing Fee & Certificate	S122.50 Filing Fee & Certified Copy	☐ \$131.25 Filing Fee, Certified Copy		

ADDITIONAL COPY REQUIRED

& Certificate

FROM: _	Alan H. Rosenthal CPA P.A. Name (Printed or typed)		97 AUG	DIVISION
	3300 University Drive Suite #305	· -	28	육공
	Address Coral Springs, Florida 33065		PH 2: 27	Y OF STATE
	City, State & Zip	_	7	Sin
	(054)752 4012 on (054) 752-4129			

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

Daytime Telephone number

54/29

ARTICLES OF INCORPORATION

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:

Aarlyn Surgical, Inc.

SECRETARY OF STATE ON VISION 28 PM 2: 2

ARTICLE II PRINCIPAL OFFICE

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

7600 Wiles Road Suite C Coral Springs, FL 33067

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 address of the initial registered agent is:

ALAN H. ROSENTHAL, C.P.A., P.A. 3300 UNIVERISTY DRIVE, SUITE 305 CORAL SPRINGS, FL 33065

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Steve Helfan 10799 Nashville Dr. Cooper City, FL 33026

Ronald Scavron 6221 N.W. 82nd Ave. Parkland, FL 33067

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

29 day of July , 19 1997.

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

Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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	nis Aarlyn Surgical, Inc.	 	
2. The name and address of th	e registered agent and office is:	97 AUG	DIVIS
Ala	Alan H. Rosenthal CPA P.A. (NAME)		SICK OF C
	University Drive Suite #305 (P. O. Box or Mail Drop Box NOT ACCEPTABLE)	PH 2: 27	OF STATE
Cora	CCTY/STATE/ZIP)	_	ស

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) 7/1/97
(DATE)