

P 97 0000 78867
TRANSMITTAL LETTER

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

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-09/10/97-01030-001
****131.25 ****131.25

SUBJECT: J. MENNIG, P.A.

(Proposed corporate name - must include suffix)

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: JOHAN MENNIG
Name (Printed or typed)

7490 SW 104 ST.
Address

MIAMI, FL. 33156
City, State & Zip

(305) 354-7954
Daytime Telephone number

FILED
97 SEP 10 PM 2:55
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

T.M. - 9/11/97

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:

J. MENNIG, P.A.

ARTICLE II PRINCIPAL OFFICE

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

7490 SW 104 ST.

MIAMI, FL 33156

The specific purpose of this shall be, providing Home Healthcare Services as a Physician Assistant. His license # is P.A. 0003409.

ARTICLE III SHARES

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

500 shares at \$1.00 per share.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JOHAN MENNIG

7490 SW 104 ST.

MIAMI, FLORIDA 33156.

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ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

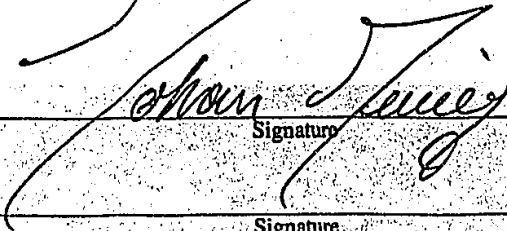
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

JOHAN MENNIG
7490 SW 104 ST.
MIAMI, FL. 33156.

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

8th day of SEPTEMBER, 19 97.

(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 is J. MENNIG, P.A.
2. The name and address of the registered agent and office is:

JOHAN MENNIG
(NAME)

7490 SW 104 ST.

(P. O. Box or Mail Drop Box NOT ACCEPTABLE)

MIAMI, FLORIDA 33156
(CITY/STATE/ZIP)

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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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)

9/8/97
(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314