

KAY LEE NESTOLY
ICHIBAN HEALTH CENTER INC.
2141 LOCHRANE BLVD. #136
ORANGE PARK, FL. 32073

City/State/Zip Phone #
P97000079618

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Ichiban Health Center, Inc.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

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☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

9-15-97

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ARTICLES OF INCORPORATION

OF

Ichiban Health Center Inc.

THESE ARTICLES OF INCORPORATION are hereby adopted by the undersigned incorporator of this corporation for pecuniary profit under the Florida Business Corporation Act.

ARTICLE I.

NAME AND LOCATION OF AGENT AND OFFICES

SECTION 1.1 NAME:

The name of the corporation shall be Ichiban Health Center Inc.

SECTION 1.2 PRINCIPLE OFFICE or MAILING ADDRESS:

The principle office or mailing address of the corporation shall be

2141 Lochrane Blvd. #136, Orange Park, FL 32073 The corporation may change the forgoing address, transact business at other places within or without the State of Florida and establish branch offices within or without the State of Florida, all as the Board of Directors may from time to time determined.

SECTION 1.3 INITIAL REGISTERED AGENT AND OFFICE:

STATEMENT OF ACCEPTANCE:

The initial Registered Agent for the corporation to accept service of process within the State of Florida shall be Kay Lee Nestoly The initial registered office street address of the Registered Agent shall

be 2141 Lochrane Blvd. #136 ORANGE PARK, FL 32073

The initial Registered Agent hereby states that the Registered Agent is familiar with, and accepts, the obligations of this position.

ARTICLE II

DURATION AND COMMENCEMENT

SECTION 2.1 DURATION:

The corporation shall have perpetual existence, or until dissolved according to law.

SECTION 2.2 COMMENCEMENT OF CORPORATE EXISTENCE

The corporation's existence shall commence at 12:01 A.M. on the date of the subscription and acknowledgment hereof.

SECTION 5.2 ORGANIZATION MEETING OF DIRECTORS

After the corporate existence begins, an organization meeting of directors named herein shall be held, at the call of majority, to adopt Bylaws, elect officers, and transact other necessary business.

SECTION 5.3 INITIAL DIRECTORS:

The number of directors constituting the initial Board of Directors shall be one(1) which number may be increased or decreased but not below one (1) from time to time in accordance with the Bylaws. The name and address of each initial member of the Board of Directors, who need not be a resident of the State of Florida, and who shall be hold office for the first year of the corporation's existence, or until a successor or successors are duly elected and qualified, is as follows:

Kay Lee Nestoly

SECTION 5.4 INCORPORATORS:

The name and address of the incorporators executing this instrument is as follows:

Kay Lee Nestoly
214 Lochrane Blvd. # 136
Orange Park, FL. 32073

IN WITNESS WHEREOF, the undersigned executed this instrument this ____ day of _____, 1997

Signatory:

Kay Lee Nestoly
Incorporator & Registered Agent

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENTS IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Ichiban Health Center Inc.
2. The name and address of the registered agent and office is:

Kay Lee Nestoly
2141 Lochrane Blvd. #136
Orange Park, FL 32073

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in the 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.

Kay Lee Nestoly
signature

AUG. 25 '97.
date

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

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