## P97880106933

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

900002377489--7 -12/19/97--01035--003 \*\*\*\*131.25 \*\*\*\*131.25

SUBJECT:	Dr. P.T. MEUER	orate name - must include suff	N-L-NA	110
Lind	(Proposed corp	orate name - must include sur	nx)	Line of the state
	\$78.75	les of incorporation and a constitution of the	\$131.25 Filing Fee, Certified Co & Certificat	е
FROM:	FROM:  Name (Printed or typed)  P.O. BOX 223  Address  HALLANDALE, FLORIDA 33008-0223  City, State & Zip			SECRETARY OF STATEONS DIVISION OF CORPORATIONS 97 DEC 19 AM 9: 14
-	Daytim	e Telephone number		

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

12-84-97

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I

The name of the corporation shall be:

PRINCIPAL OFFICE ARTICLE II

The principal place of business and mailing address of this corporation shall be: 21280 BISCAYNE BLVD.

33180 AVENTURA, FLORIDA

33008-0223 223 , HALLANDALE, FLORIDA P.O. BOX MAILING ADDRESS:

ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are: PETER T. MUOIO 21280 BISCAYNE BLVD., AVENTURA, FLORIDA 33180-1243

INCORPORATOR ARTICLE V

The name and address of the incorporator to these Articles of Incorporation are: PETER T. MUOIO 33008-0223 223 , HALLANDALE, FLORIDA

Signature/Incorporator

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

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/Registered Agent