

P98000004304

TRANSMITTAL LETTER

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

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-01/13/98--01106--004
*****78.75 *****78.75

SUBJECT: Step-ONE MEDICAL center, Inc.
(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: Jeffery ARCHER
Name (Printed or typed)

41 N. FIG TREE LANE
Address

PLANTATION, FL. 33317
City, State & Zip

(954) 327-1177
Daytime Telephone number

FILED
98 JAN 13 PM 2:06
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

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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 NAME

The name of the corporation shall be:

STEP-ONE MEDICAL CENTER, Inc.

ARTICLE II PRINCIPAL OFFICE

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

Hlwd, FL.

~~WASH. ST. / DIXIE HWY.~~
2130 Washington St. Hlwd, FL. 33020

ARTICLE III SHARES

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

LINDA ARCHER

41 N. fig Tree Lane
PLANTATION, FL. 33317

ARTICLE V INCORPORATOR

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

Jeffery Archer

41 N. fig tree Lane
Plantation, FL. 33317

Signature/Incorporator

Date

(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

Date