988 31524

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

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SUBJECT:	Mary Low B (Proposed corpor	rate name - must include su	TNC -		
Enclosed is an original	and one(1) copy of the articles		. /		
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate		
FROM: _	Mary Lou Ball Name (Printed or typed)				
500 Uno Lago Dr, #402					
_		Beach State & Zip			
-	(561) 6 Daytime To	25-627 elephone number	98 API		

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

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.

98 APR -3 PH 3: 01
SECRETARY OF STATE
ALLAHASSEE, FLORID

AR	TIC	LE	I	NAME

The name of the corporation shall be:

Mary Lou Ball, R. N., INC.

ARTICLE II PRINCIPAL OFFICE

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

Juno Beach, FL 33408

ARTICLE III SHARES

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

10,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Mary Lou Bail 500 line Lago Dr # 402 Tuno Beach FL 33408

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

Mary Lou Ball Dr. #402 500 Uno Lago Dr. #402 Juno Beach, FL 33408

May Lon Back 3-31-98
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