Department of State

Division of Corporations P. O. Box 6327 Tallahassee, FL 32314			
SUBJECT:	DR. ROBERT R. FI (Proposed corpor	ONTE, INC. ate name - must include suff	fix)
		40	000257757. -07/01/9801058 ******78.75 ****
Enclosed is an original ar	nd one(1) copy of the article	s 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 CO	PY REQUIRED
FROM:	DR. ROBERT R. FI Name (Printed		<u>-</u>
-	640 SOUTH PARK R	·	
	A dare	ee .	

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

City, State & Zip

Daytime Telephone number

HOLLYWOOD, FL 33021

954-966-9954

ARTICLES OF INCORPORATION JUL - / AM 10: / 1

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:

DR. ROBERT R. FIONTE, INC.

ARTICLE II PRINCIPAL OFFICE

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

640 SOUTH PARK ROAD APARTMENT 418 HOLLYWOOD, FL 33021

ARTICLE III SHARES

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

100 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

DR. ROBERT R. FIONTE 640 SOUTH PARK ROAD, APT. 418 HOLLYWOOD, FL 33021

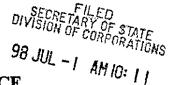
ARTICLE V INCORPORATOR(S)

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

DR. ROBERT R. FIONTE 640 SOUTH PARK ROAD, APT. 418 HOLLYWOOD, FL 33021

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 26 day of JUNE, 1998.

Signature
Cinnahua
Signature
•
Signature



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 co	orporation is DR. ROBERT R. FIONTE, INC).
		•
2. The name and add	dress of the registered agent and office is:	•
	DR. ROBERT R. FIONTE	
	(NAME) 640 SOUTH PÄRK ROAD, APT. 418	
	(P. O. Box or Mail Drop Box NOT ACCEPTABLE)	_
	HOLLYWOOD, FL 33021	
•	(CITY/STATE/ZIP)	
at the place designate to act in this capacity	as registered agent and to accept service of process for the ab ed in this certificate, I hereby accept the appointment as regi . I further agree to comply with the provisions of all statutes	stered agent and agree s relating to the proper
ana compiete perjorm as registered agent.	nance of my duties, and I am familiar with and accept the obl	ligations of my position