

**P98000059099**  
**TRANSMITTAL LETTER**

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 JUL - 1 AM 10:11

**SUBJECT:** DR. ROBERT R. FIONTE, INC.  
(Proposed corporate name - must include suffix)

400002577574--9  
-07/01/98--01058--012  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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:** DR. ROBERT R. FIONTE  
Name (Printed or typed)

640 SOUTH PARK ROAD, APT. 418  
Address

HOLLYWOOD, FL 33021  
City, State & Zip

954-966-9954  
Daytime Telephone number

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

**D. BROWN JUL - 2 1998**

# ARTICLES OF INCORPORATION

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*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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

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

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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 corporation is DR. ROBERT R. FIONTE, INC.

2. The name and address of the registered agent and office is:

DR. ROBERT R. FIONTE

(NAME)

640 SOUTH PARK ROAD, APT. 418

(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

HOLLYWOOD, FL 33021

(CITY/STATE/ZIP)

*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)

JUNE 26, 1998  
(DATE)