

P98000091312

TRANSMITTAL LETTER

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

700002672647--4
-10/26/98--01100--017
****131.25 *****87.50

SUBJECT: AMERICAN CLINICAL SOLUTIONS, 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: HARRY TRAFFORD
Name (Printed or typed)

7874 N.W. 64 ST.
Address

MIAMI, FL 33166
City, State & Zip

1-800-749-4646
Daytime Telephone number

FILED
98 OCT 26 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dmc
10/27/98

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.

ARTICLE I NAME

The name of the corporation shall be:

AMERICAN CLINICAL SOLUTIONS, INC.

ARTICLE II PRINCIPAL OFFICE

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

7874 N.W. 64 STREET
MIAMI, FL 33166

ARTICLE III SHARES

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

ONE THOUSAND (1000)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

ARI LIPSON
7874 N.W. 64 STREET
MIAMI, FL 33166

ARTICLE V INCORPORATOR

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

HARRY TRAFFORD
7874 N.W. 64 STREET
MIAMI, FL 33166


Signature/Incorporator

Oct 23, 1998
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

10/23/98
Date

FILED
98 OCT 26 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA