

TRANSMITTAL LETTER

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

P 9900000 7555

SUBJECT: FLORIDA MOBILE FOOT CARE INC.

(Proposed corporate name - must include suffix)

900002749398--9
-01/21/99--01045--014
*****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 of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: FLORIDA MOBILE FOOT CARE INC.

Name (Printed or typed)

1900 EAGLE TRAIL BLVD E

Address

CONA SPRING FL 33071

City, State & Zip

1-954-341-8735

Daytime Telephone number

FILED
99 JAN 21 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

F. CHESSEY JAN 26 1999

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

W-1922

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:

FLORIDA MOBILE FOOT CARE INC.

ARTICLE II PRINCIPAL OFFICE

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

1900 EAGLE TAIL BLVD E
CORAL SPRING FL 33071

ARTICLE III SHARES

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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

DOUGLAS LAZARUS
1900 EAGLE TAIL BLVD E
CORAL SPRING FL 33071

ARTICLE V INCORPORATOR

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

DOUGLAS LAZARUS
1900 EAGLE TAIL BLVD E
CORAL SPRING FL 33071



Signature/Incorporator
REGISTER AGENT

1/17/89

Date

I HEREBY ACCEPT...

(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

99 JAN 21 PM 2:24
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA