

TRANSMITTAL LETTER

99900009423

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

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-01/27/99--01027--011
****122.50 *****78.75

SUBJECT: ABA MEDICAL INSTITUTE, INC
(Proposed corporate name - must include suffix)

FILED
99 JAN 27 PM 4:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: ANDREINA M. ARCE
Name (Printed or typed)

234 S SEMORAN BLVD.

Address

ORLANDO, FL 32807

City, State & Zip

(407) 382-1424

Daytime Telephone number

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

ARTICLES OF INCORPORATION

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:

ABA MEDICAL INSTITUTE, INC.

ARTICLE II PRINCIPAL OFFICE

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

234 S SEMORAN BLVD.
ORLANDO, FL 32807.

ARTICLE III SHARES

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

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any time is: a thousand shares of one dollar par value.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ANDREINA M. ARCE
234 S SEMORAN BLVD.
ORLANDO, FL 32807

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ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

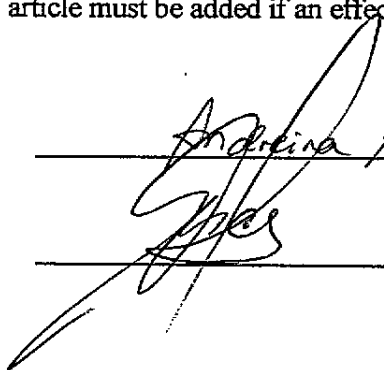
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

ANDREINA M. ARCE
234 S SEMORAN BLVD.
ORLANDO, FL 32807

BARDO ARCE
4132 LAKEUNDERHILL DR. # 107
ORLANDO, FL 32803

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this
24 day of JANUARY, 1999.

(An additional article must be added if an effective date is requested.)



Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**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 corporation is ABA MEDICAL INSTITUTE, INC

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

ANDREINA M. ARCE
(NAME)

234 S SEMORAN BLVD.
(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

ORLANDO, FL 32807
(CITY/STATE/ZIP)

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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.

Andreina Arce
(SIGNATURE)

01/24/99
(DATE)