# D9900029666 TRANSMITTAL LETTER

DIVISIONE TARY OF STATE
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Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

300002819853--6 -03/26/99--01062--016 \*\*\*\*\*\*78.75 \*\*\*\*\*\*78.75

SUBJECT:	SUBJECT: C. Torrillo D.O. P.A.				
	(Proposed corporate name - must include suffix)				
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		et di 1	-1 1. C		
Enclosed is an original	al and one(1) copy of the article	s of incorporation and a c	cneck for :		
\$70.00	<b>☑</b> \$78.75	<b>\$78.75</b>	\$87.50		
Filing Fee	Filing Fee	Filing Fee	Filing Fee,		
1 mig 1 w	& Certificate of Status	& Certified Copy	Certified Copy		
			& Certificate of		
			Status		
		ADDITIONAL CO	PY REQUIRED		
	<u> </u>				
FROM:	I: Carolyn Torrillo Name (Printed or typed)				
	Name (Printed or typed)				
	5772 NW 48 DC Address				
Coral Socials FL 33017					
	Coral Springs, FL 33067 City, State & Zip				
•	(954) 255-8892				
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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 Flori	ida
Business Corporation Act, hereby adopts the following Articles of Incorporation.	

A	RTICLE I	NAME

The name of the corporation shall be:

C. Tomito D.O. P.A.

## ARTICLE II PRINCIPAL OFFICE

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

5772 NW 48 DR 33067 Coral Springs, FL

#### ARTICLE III SHARES

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

500 shares common stock,

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Carolyn Torrillo 5772 NW 48 Dr

Coral springs, FL 33067

## INCORPORATOR

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

Carolyn Tornllo 5772 NW 48 DR. Coral Springs, FC 33067

Signature/Incorporator

Date

ARTICLE VI PURPOSE

The purpose of the corporation is for a medical practice.

(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