

P99000055888

TRANSMITTAL LETTER

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

SUBJECT: NATURAL HEALTHCARE PROFESSIONAL ASSOCIATION
(Proposed corporate name - must include suffix)

800002909578--5
-06/18/99--01105--009
*****87.50 *****87.50

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: MICHAEL A. GRAMAZIO DD, NMD, PHD.
Name (Printed or typed)
SUITE 211
5353 N. FEDERAL HWY.
Address
FT Lauderdale, FL 33308
City, State & Zip
(954) 938-4386
Daytime Telephone number

FILED
99 JUN 18 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

CPB
6-12-99
2

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:

NATURAL HEALTHCARE PROFESSIONAL ASSOCIATION

ARTICLE II PRINCIPAL OFFICE

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

5353 N. Federal Hwy.
Suite 211
Ft. Lauderdale, FL 33308

ARTICLE III SHARES

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

The total authorized capital stock of the Corporation shall be 100,000 shares of \$.001 par value.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Michael A. Gramazio, DD, NMD, PhD.
5840 N. E. 21 Terrace
Ft Lauderdale, FL 33308

ARTICLE V INCORPORATOR

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

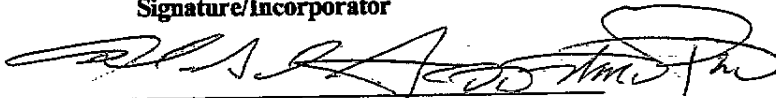
Michael A. Gramazio, DD, NMD, PhD.
5353 N. Federal Hwy, Suite 211, Ft Lauderdale FL 33308

ARTICLE VI SPECIFIC PURPOSE

To provide medical services to the public. Including, but not limited to Allopathic, Homeopathic, Naturopathic, Pastoral and Nutritional Counseling,

Signature/Incorporator

Date



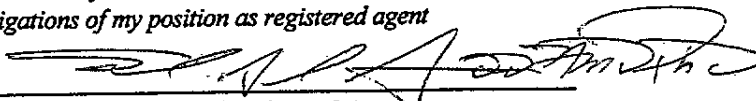
6-17-99

(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



6-17-99

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