

P99000072542

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

300002953803-7
-08/09/99-01055-009
*****78.75 *****78.75

SUBJECT: Cranial Concepts, 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: Douglas L. Corbett, Esq.
Name (Printed or typed)

15911 Ellsworth Dr.
Address

Tampa, FL 33647
City, State & Zip

(813) 975-9096
Daytime Telephone number

FILED
99 AUG -9 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

8-13
15

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.

99 AUG -9 PM 3:32
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: **Cranial Concepts, Inc.**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: **1327 Haven Bend
Tampa, Florida 33613-1106**

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: **10,000**

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are: **Ronald Caton
1327 Haven Bend
Tampa, Florida 33613-1106**

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are: **Steven Tempkin
11003 Forest Hills Drive
Tampa, Florida 33612**


Signature/Incorporator

8/5/99
Date

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

8/5/99
Date