

P99000080820  
TRANSMITTAL LETTER

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

FILED  
99 SEP -7 PM 12:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: DR. PRESSURE, Inc.  
(Proposed corporate name - must include suffix)

200002980072--7  
-09/07/99--01120--012  
\*\*\*\*\*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: BENNETT C. WOLANSKY  
Name (Printed or typed)

4601 SOUTH UNIVERSITY DRIVE  
Address

DAVIE, FL. 33328  
City, State & Zip

954-680-7133  
Daytime Telephone number

\* NOTE\* PLEASE MAKE BENNETT C. WOLANSKY, PRESIDENT,  
AND JUAN M. CALLE, VICE PRESIDENT OF DR. PRESSURE, INC.

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

PH 9/13/99 ✓

ARTICLES OF INCORPORATION

OF

DR. PRESSURE, INC.

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:

DR. PRESSURE, INC.

ARTICLE II PRINCIPAL OFFICE

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

4611 SOUTH UNIVERSITY DRIVE  
SUITE 136  
DAVIE, FL. 33328

ARTICLE III SHARES

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

100 - ONE HUNDRED

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

BENNETT L. WOLANSKY  
4601 SOUTH UNIVERSITY DRIVE  
DAVIE, FL. 33328

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**ARTICLE V INCORPORATOR(S)**

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

BENNETT L. WOLANSKY - President  
4601 SOUTH UNIVERSITY DRIVE  
DAVIE, FL. 33328

JUAN M. CALLE - Vice President  
3271 N.W. 65TH STREET  
FT. LAUDERDALE, FL. 33309

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 2ND day of SEPTEMBER, 1999.

  
Signature

  
Signature

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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: DR. PRESSURE, INC.
2. The name and address of the registered agent and office is:

BENNETT L. WOLANSKY  
(Name)

4601 SOUTH UNIVERSITY DRIVE  
(Address/P.O. Box NOT acceptable)

DAVIE, FL. 33328  
(City/State/Zip)

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)

9-2-99  
(Date)

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