TRANSMITTAL LETTER

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

SUBJECT:		NTOS, INC		· · ·	- دادود	
	(Proposed corpor	rate name - must include suf	ffix)			
Enclosed is an origina	al and one(1) copy of the articles	s of incorporation and a c	check for :	99 OCT 25 AM 10: 07	FILED	
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate): 07		
ADDITIONAL COPY REQUIRE						
FROM: J. SALVA dOR SANTOS, M.D. Name (Printed or typed)						
1800 S.W. 59 AVENUE						
Plantation, Fl. 333/7 City, State & Zip						<u>.</u>
	(954) 583	3 - 6882 lephone number	· · · · · · · · · · · · · · · · · · ·			
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T. Burch 1001 2 6 1999

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 Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

<u>ARTICLE I NAME</u>

The name of the corporation shall be:

J. S. Santos, Inc.

ARTICLE II PRINCIPAL OFFICE

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

1800 S. W. 59 Avenue Plantation, Fl. 33317

ARTICLE III SHARES

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

Five Hundred(500) Shares of common Stock having a par value of

ONE (1.00) Dollar PER SHARE.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Georgina Zacarias Santos 1800 S. W. 59 Avenue Plantation, Fl. 33317

ARTICLE V INCORPORATOR

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

J. Salvador Santos, M.D.
1800 S; W. 59 Avenue Plantation, Fl. 33317

Signature/Incorporator

Oct-19-99.

Date

(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

10 /19/99

Date