PODOCOOT4346

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

SUBJECT:	Ritter 11	Medical TENAME-MUSTINCE	
		. I	6000033418363 -08/01/0001044003 *****87.50 *****87.50
Enclosed is an original \$70.00 Filing Fee	inal and one(1) copy of the article 120878.75 Filips Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED
FROM	M: Timothy Name (Pr	J. Ritter inted or typed) 95 th Conditions	FILED -1 AM 7: 45 SSEE, FLORIDA
		Field, F State & Zip - 4034 elephone number	<u>-L 3449/</u>

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

- in compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME	
The name of the corporation shall be:	
Ritter Medical Inc.	
ARTICLE II PRINCIPAL OFFICE	
14404 SE. 95th Ct. Summerfield, FL 34491	r ¶ar ia us, _e
MITOLE III I OKLOSE	
The purpose for which the corporation is organized is:	
Retail Sale of Medical Equipment	/ " " " [#]
ARTICLE IV SHARES	
The number of shares of stock is:	-
50	
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es):	3 - =
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es):	. =
via name(v) and address(cs).	
ARTICLE VI REGISTERED AGENT	
The name and Florida street address of the registered agent is:	
Tim Ritter 14404 S.E. 95th Ct.	
14404 S.E. 95th Ct.	.*
Summerfield, FL 34491	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	ξ . •
14404 SE. 95th Ct.	
Summerfield, FL 34491	
> 0m merfeed, feed 3/1/9/	
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity	*** this
1/25/00	or research to the control of the co
Signature/Registered Agent Tim Ritter Date	
	<u> </u>
1 im 1 1/25/00	
Signature/Incorporator Tim Ritter Date	: <u>#</u>

ARTICLES OF INCORPORATION