

95000049710

TELEPHONE  
813-975-2611

CO-MEDCO INC  
342B CYPRESS ST  
TAMPA FL 33607

(City, State, Zip) (Phone #)

OFFICE USE ONLY

RECEIVED JUN 26 PM 12:53  
CORPORATION NUMBER  
LABORER-FLORIDA

EFFECTIVE DATE  
6/30/95

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #) 100001520851  
-06/22/95--01072--001  
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4. \_\_\_\_\_  
(Corporation Name) (Document #)

Walk in     Pick up time \_\_\_\_\_     Certified Copy

Mail out     Will wait     Photocopy     Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

6/26/95

*(Signature)*

(813) 960-7892

*(Signature)* GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT *AKD name*  
DATE *6/26/95*  
DOC. EXAM  Examiner's Initials

TRANSMITTAL LETTER

June 21, 1995

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

SUBJECT: Co-Medco, Inc.

I enclose an original and 1 copy(ies) of the Articles of Incorporation for the above corporation and a check in the amount of \$ 122.50.

From: P. Michael Downing

3811 Northgreen Ave. #3208

Tampa, Florida 33624

1-813-960-7892 Residence

1-813-961-5054 FAX

ARTICLES OF INCORPORATION

OF

Co-Medco International, Inc.

ARTICLE I NAME

The name of the corporation shall be: Co-Medco International, Inc.

ARTICLE II PRINCIPAL OFFICE

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

Principal Address: 3428 W. Cypress Ave.

Tampa, Florida 33607

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 600 shares of the par value of \$1.00 each.

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

P. Michael Downing

3811 Northgreen Ave. #3208

Tampa, FL 33624

ARTICLE V INCORPORATOR

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

P. Michael Downing

3811 Northgreen Ave. #3208

Tampa, Florida 33624

EFFECTIVE DATE  
6/30/95

STATE OF FLORIDA  
DEPARTMENT OF REVENUE  
TAMPA

ARTICLE VI EFFECTIVE DATE

Pursuant to Section 607.0123 of the Florida Statutes, the effective date of this document shall be June 30<sup>th</sup>, 1995.

The undersigned has executed these Articles of Incorporation this 30<sup>th</sup> day of June, 1995.

P. Michael Downing Pres/CEO  
P. Michael Downing, Incorporator

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
95 JUN 26 PM 12:53

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

Pursuant to the provisions of Section 607.0501, 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: Co-Medco International, Inc.
2. The name and address of the registered agent and office is:

P. Michael Downing  
3811 Northgreen Ave. #3208  
Tampa, Florida 33624

Signature: P. Michael Downing  
Title: PRES/CEO  
Date: 6/21/95

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: P. Michael Downing  
Date: 6/21/95