## PFOODOSS 947 APITAL CONNECTION, INC. Inia St., Suite 1, Tallahassee, FL 32301, (904)224-8870 Idress: Post Office Box 10349, Tallahassee, FL 32302 RE: Med Time Inc.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
TOLL FREE No. 1-800-342-8062
FAX (904) 222-1222

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THANK YOU from Your Capital Connection

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## **ARTICLES OF INCORPORATION**

97 FEB 12 PH 4: 19

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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:

MED TIME INC.

ARTICLE II PRINCIPAL OFFICE

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

PLACE OF BUSINESS:

HATLING ADDRESS:

113 ARTANA PLACE

P.O. BOX 3308

AUBURN DALE FL 33823

LAKE WALES FL. 33859-3308

ARTICLE III SHARES

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

7500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

JUDY POTTER
113 ARTANA PLACE
AUBURNDALE FL. 33823

## ARTICLE V INCORPORATOR(8) See instructions for officers/directors

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

JUDY POTTER 113 ARTANA PLACE AUBURNDALE PL. 33813

The und	ersigned incorporator(s) has(have)	executed these Articles of Incorporation this
Щ	day of FEBRUARY	, 19 <u>97</u>
	Judith	a Lotter
	0	Signature
		Signature
		Rignature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

FILED 97 FEB 12 PH 4: 19

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, ETHERIDA 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: MED TIME INC
2.	The name and address of the registered agent and office is:
	JUDY POTTER.
	(P.O. BOX OF MAIL Drop BOX MOTACCEPTABLE)
	AUBURNOALE FL. 33823

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.

Judite Signature) II FEBRUARY 19

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314