070000 425

(Re	questor's Name)				
(Address)					
· (Ad	ldress)				
(Cit	ty/State/Zip/Phone	e #) .			
PICK-UP	WAIT	MAIL			
(Bu	siness Entity Nar	ne)			
(Do	ocument Number)				
Certified Copies	_ Certificates	s of Status			
. Special Instructions to	Filing Officer:				
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Office Use Only



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COVER LETTER

TO:	New Filing So Division of Co			
SUBJI	ECT:	Medical SI (Name of corpo	eets, Inc.)
Dear S	ir or Madam:			
"Certif		ation by Foreign Corporation ice." and check are submitted orida.		
Please	return all corre	Spondence concerning this many le (Name of Solution)	Strong ic of Person)	······································
		Medical SI	/Company)	
	IT E.	Amelia	St.	
	Orlan	Amelia do, FL 33	2801 rate and Zip code)	<u>.</u>
For fur	ther informatio	n concerning this matter, plea	ase call:	
Da	(Name of Per	rson) at (40	7 112-705 rea Code & Daytime Teleph	none Number)
	New Filing Son Division of C Clifton Build	orporations ing ve Center Circle	MAILING A New Filing S Division of C P.O. Box 632 Tallahassee,	ection Corporations 27
Enclos	ed is a check for	or the following amount:		_
\$7 0.	.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Medica	orporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"	
(Enter name of co	orporation; must include "INCORPORATED," "COMPANY," "CORPORATION," orp," "Inc," "Co," or "Corp.")	
inc., Co., Coi	sip, me, co, or corp.)	
(If name unavailab	able in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	
2. Nevad (State or country u	under the law of which it is incorporated) 3. 26-06998 FS 0 (FEI number, if applicable) Perpetual Ouration: Year corp. will cease to exist or "perpendial")	
1 May 9	1 2005 Second	
Date o	of incorporation) (Duration: Year corp. will cease to exist or "perpendar")	Careeras Santanas
6.		
	(Duration: Year corp. will cease to exist or "perpendal") (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office address) (Principal office address)	9 O
7. 117	1 E Amelia St. Orlando, FL. 3280157	,,
MITE	Amelia St. Orlando Fl. 32801	
	Current mailing address)	
8. Medical SI (Purpose(s)	sheets, Inc will manufactor distribute medical equipos of corporation authorized in home state or country to be carried out in state of Florida)	pment
9. Name and street	et address of Florida registered agent: (P.O. Box NOT acceptable)	
	Jamaal Smith	
Office Address:	12404 Orange Blosson Oak PL Tanga, Florida 33612 (City) (Zip code)	
	Tampa Florida 33612	
	(City) (Zip code)	
designated in this d	gent's acceptance: sed as registered agent and to accept service of process for the above stated corporation at the plac application, I hereby accept the appointment as registered agent and agree to act in this capacity omply with the provisions of all statutes relative to the proper and complete performance of my di	y. I
	with and accept the obligations of my position as registered agent.	•

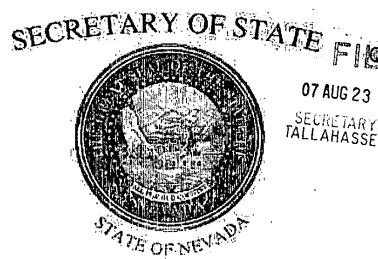
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

(Registered agent's signature)

 Na 	mes and	business	addresses	of	officers	and/or	directors:
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FILED

A. DIRECTORS				07 AUG 23	PM 2: 15
Chairman:				SECRETARY ALLAHASSE	OF STAIL
Address:				\LLAHASSE	E. FLORIDA
Vice Chairman:					
Address:				,	
Director: Kennet	n Jenki	~S_			
Address: 117, E	Amelia	St			
Orland	o FL. 3.	2801			
Director:	•				
Address:					
-					
B. OFFICERS	C				
resident: Daryle					
Address: 117 E	Amelia	St.			
Orland	0, FL. 3	1085			
Vice President: Kenn					
·	Amelia	<u>, </u>			
<u> </u>	0, FL 33				
Secretary: Eric	. '1				
Address: 117 E.		St.	Orlanda	o.FL.	32801
Treasurer: Eric	tobbs			1	
	Amelia	St.	Orlando	o, FL	32501
				,	
NOTE: If necessary, you	may attach an addend	um to the appl			and/or directors.
13. <u>Ke</u>	nature of Director or (Hardigar listed i	n number 12 of the	e annlication)	
	yped or printed name				



07 AUG 23 PH 2: 15 SECRETARY OF STATE TALLAHASSEE, FLORIDA

CERTIFICATE OF EXISTENCE (INCLUDING AMENDMENTS)

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, MEDICAL SHEETS, INC, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the taws of the State of Nevada since May 9, 2005, and is in good standing in this state.

I further certify, that the above corporation has Articles of Incorporation and no amendments on file in this office as of the date of this certificate.

Electronic Certificate Certificate Number: C20070823-0005 You may verify this electronic certificate online at http://secretaryofstate.biz/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on August 23, 2007.

> ROSS MILLER Secretary of State