

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

P. O. Box 6327 Tallahassee, FL 32314			
SUBJECT: ONE SHOT DIABETIC Supplies INC (Proposed corporate name - must invlude suffix)			
		300003 -01/04 *****	085683 1 1/0001008004 70.00 *****70.00
Enclosed is an original and one(1) copy of the articles of incorporation and a check for:			
Filing Fee Fil	\$78.75 ing Fee Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL COP	S87.50 Filing Fee, Certified Copy & Certificate of Status Y REQUIRED
FROM:	BRUCK Minnight Name (Pri	nted or typed)	
11837 NW 35 Street Address			
	Coral Springs City, E	State & Zip	OO JAN TO
		-5498 lephone number	SR OF S

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

K. Rolfe JAN 1 1 2000

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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.

ARTICLE I NAME

The name of the corporation shall be:

ONESHOT Diabetic Supplies, INC.

PRINCIPAL OFFICE ARTICLE II

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

11837 N.W. 30th Street, Coral Springs, Fla 33065

<u>ARTICLE III</u> SHARES

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are: Registered Agent , BRULL Minnich

N.W. 30th Street, CORAL SpRing, FlA, 33065

INCORPORATOR

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

BRULE Minnich, 11837 NW 30th Street Copal Spring, Fl, 33065

enature/Incorporator

(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 vertificate, 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

ignature/Registered Agent