

MEDCAM TECHNOLOGY, TNC.
(Proposed corporate name - must include suffix) SUBJECT: 900003113289--8 -01/27/00---01067---022 *****87.50 *****87.50 Enclosed is an original and one(1) copy of the articles of incorporation and a check for : □ \$70.00 □ \$78.75 □\$78.75 \$87.50 Filing Fee Filing Fee Filing Fee, Filing Fee & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED WAYNE R. BYARD FROM: Name (Printed or typed) 4586 N. HIATUS ROAD Address 33351 SUNRISE City, State & Zip

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

Daytime Telephone number

(954) 444-0391

M.27.00

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: Medcam Technology, Inc.

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ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 4586 N. Hiatus Rd. Sunrise FL 33351

ARTICLE III SHARES

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

100 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Wayne R. Byard 1111 NW 93 Ave

Pembroke Pines FL 33024 <u>ARTICLE V INCORPORATOR</u>

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

Wayne R. Byard 1111 NW 93 Ave

Pembroke Pines FL 33024

Signature/Incorporator

Date

(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 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/Registered Agent

-9<u>000</u>

Date