

P00000017498

TRANSMITTAL LETTER

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P O BOX 6327  
TALLAHASSEE, FLORIDA 32314

300003135273--2  
-02/15/00--01036--009  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: MedSupply Biz , Inc.

ENCLOSED IS AN ORIGINAL AND ONE COPY OF THE ARTICLES OF INCORPORATION  
AND A CHECK FOR \$78.75 for filing fee & certificate of status.

FROM: JACK R LOCKWOOD  
6796 SPRING LAKE RD  
KEYSTONE HTS, FLORIDA 32656

904 384 7212

FILED  
00 FEB 15 AM 8:45  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

transmit.ltr

CB  
2-18-00  
2

# 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.

**FILED**  
00 FEB 15 AM 8:45  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## ARTICLE I NAME

The name of the corporation shall be:

MedSupply Biz, inc.

## ARTICLE II PRINCIPAL OFFICE

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

6796 Spring Lake rd  
Keystone hts, Fla 32656

## ARTICLE III SHARES

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

100

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

JACK R LOCKWOOD SR  
6796 SPRING LAKE RD  
KEYSTONE HTS , FL 32656

## ARTICLE V INCORPORATOR

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

JACK R LOCKWOOD SR  
6796 SPRING LAKE RD  
KEYSTONE HTS FL 32656

Jack R Lockwood Sr  
Signature/Incorporator

2/14/00  
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

Jack R Lockwood Sr  
Signature/Registered Agent

2/14/00  
Date