DOOOO021930 TRANSMITTAL LETTER

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

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SUBJECT:	SUN	micro	MEDICAL	Technologie.	S CORP.
		(Proposed corpo	orate name - must includ	10000314 -02/25/00	
Enclosed is an	original and one(1)	copy of the artic	les of incorporation	and a check for :	_

□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	II KEQUIGO

FROM: _	MARK H AND DIANE L KOLE Name (Printed or typed)
	267 HARBOR BLVD
-	PORT CHARLOTTE FLA 33954 City, State & Zip
	941-613-6800 Daytime Telephone number

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

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:

MICRO MEDICAL TECHNOLOGIES CORP.

PRINCIPAL OFFICE

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

267 HARBOR BIUD. Pt. Charlotte, Fl. 33954

<u>ARTICLE III</u> SHARES

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

100,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Mark H.Kole 267 Harbor Blud. Pt. Charlotte, Fl. 33954

INCORPORATOR

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

267 Harbor Blud. At. Charlotte, F1. 33954 MarkH.Kole

Signature/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 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