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February 28, 2000

Secretary of State  
Division of Corporations  
The Capital  
Tallahassee, Florida 32314

000003175710--7  
-03/20/00--01086--020  
\*\*\*\*157.00 \*\*\*\*\*78.75

Re: Articles of Incorporation **Davie Medical Wholesale, Inc.**

Article of Incorporation of **AAA Lock N Key, Inc.**

Dear Sir/Madam:

Enclosed you will find the above mentioned Articles of Incorporation for Davie Medical Wholesale, Inc., and AAA Lock N. Key, Inc., along with checks for filing fees of \$78.75 each.

Please file and return in the self-addressed stamped envelope.

Should you have any questions, please feel free to contact me at (954) 472-6367.

Very truly yours,

  
SUSAN DEMPSEY

FILED  
00 MAR 20 PM 12:41  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

S. Thompson MAR 27 2000

**ARTICLES OF INCORPORATION  
OF  
DAVIE MEDICAL WHOLESALE, INC.**

**FILED**  
00 MAR 20 PM 12:41  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE I**

The name of the corporation shall be: **DAVIE MEDICAL WHOLESALE, INC.**

**ARTICLE II  
PRINCIPLE OFFICE**

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

**7900 Nova Drive, Suite 105  
Davie, Florida 33324**

**ARTICLE III**

This corporation shall have perpetual existence.

**ARTICLE IV**

This corporation is organized for the purpose of transacting any or all lawful business.

**ARTICLE V  
CAPTIAL STOCK**

This corporation is authorized to issue 500 shares of One Dollar (\$1.00), par value common stock.

**ARTICLE VI  
PRE-EMPTIVE RIGHTS**

Every shareholder, upon the sale for cash of any new stock of this corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his pro rata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

**ARTICLE VII**  
**INITIAL REGISTERED OFFICE AND AGENT**

The street address of the initial registered office of this corporation is **7900 Nova Drive, Suite 105, Davie, Florida 33324** and the name of the initial registered agent of this corporation at the address is: **WILLIAM LEE HILL**.

**ARTICLE VIII**  
**INITIAL BOARD OF DIRECTORS**

This corporation shall have one (1) director. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The name and address of the directors of this corporation are:

**WILLIAM LEE HILL-PRESIDENT**  
**7900 Nova Drive, Suite 105**  
**Davie, Florida 33324**

**ARTICLE IX**  
**INCORPORATOR**

The name and address of the Incorporator signing these Articles is:

**WILLIAM LEE HILL**  
**7900 Nova Drive, Suite 105**  
**Davie, Florida 33324**

**ARTICLE X**  
**INDEMNIFICATION**

The corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by law.

**ARTICLE XI**  
**AMENDMENT**

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned incorporation has executed these Articles of Incorporation this 28 day of FEB, 2000.

  
\_\_\_\_\_  
**WILLIAM LEE HILL**

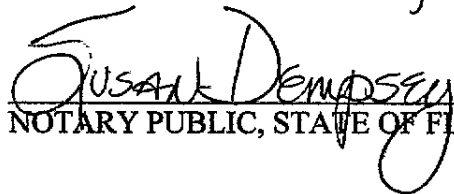
STATE OF FLORIDA

SS

COUNTY OF BROWARD

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared **WILLIAM LEE HILL**, who produced DR. License, as identification and to be the person who executed the foregoing Articles of Incorporation, and he acknowledged before me that he executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 28 day of February, 2000.

  
NOTARY PUBLIC, STATE OF FLORIDA

MY COMMISSION EXPIRES:



**CERTIFICATION OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is **DAVIE MEDICAL WHOLESALE, INC.**
2. The name and address of the registered agent and office is:

**WILLIAM LEE HILL**  
**7900 Nova Drive, Suite 105**  
**Davie, Florida 33324**

SIGNATURE: William L Hill  
**WILLIAM LEE HILL, Corporate Officer**

TITLE: President

DATE: 2/28/00

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 William L Hill

DATE: 2/28/00

**FILED**  
00 MAR 20 PM 12:41  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE