TRANSMITTAL LETTER 00000035121

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

1. 1- a Celant

Tallanassee, FL 3231-			
SUBJECT: SURGISOL INC (Proposed corporate name - must include suffix)			
			100031983252 -04/06/0001062001 ******70.00 ******70.00
Enclosed is an original and one(1) copy of the articles of incorporation and a check for:			
\$1 \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED			
FROM:	BEECHER LEI Name (F	LY RD Address	RECEIVED O APR -6 PH 12: 19 EPAN OF CURPORATIONS LLAHASSEE, FLORIDA
TALLAHASSEE FL 32312 City, State & Zip			
	850-383-1		APPROVED AND FILED 00 APR -6 PM 12: 19 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

T. SMITH APR O & 200

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.

<u>ARTICLE I</u>

The name of the corporation shall be:

SURGISOL INC.

ARTICLE II PRINCIPAL OFFICE

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

919 WAVERLY RD TAILAHASSEE, FL 32312 EM SHARES

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

100

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

BIC. LEWIS 919 WAVERLY PD TALLAHASSEE, FL 32312

INCORPORATOR

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

B.C. LEWIS 919 WAVERLY RD TALLYMASSEE, FL 32312

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 go, registered agent

signature/Registered Agent