

P00000037861

TRANSMITTAL LETTER

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

FILED
00 APR 10 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Sheep Medicine Associates, Inc.
(Proposed corporate name - must include suffix)

900003201719-27
-04/10/00--01119--006
*****87.50 *****87.50

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$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: Mike Zachary
Name (Printed or typed)

1307 River Hills Cir. East # 6
Address

Jacksonville, FL 32211
City, State & Zip

904-725-2516
Daytime Telephone number

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

F. 01-2000 APR 17 2000

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:

Sleep Medicine Associates, Inc.

ARTICLE II PRINCIPAL OFFICE

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

*1307 River Hills Cir. East
#6 Jacksonville, FL 32211*

ARTICLE III SHARES

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

*Mike Zachary
1307 River Hills Cir. East #6 Jacksonville, FL 32211*

ARTICLE V INCORPORATOR

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

*Mike Zachary
1307 River Hills Cir. East #6
Jacksonville, FL 32211*

Mike Zachary

Signature/Incorporator

4/1/00

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

Mike Zachary

Signature/Registered Agent

4/1/00

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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