

TRANSMITTAL LETTER

P00000043502

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

400003228464--4
-04/28/00--01048--001
*****78.75 *****78.75

SUBJECT: REGAL MEDICAL ENTERPRISES, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

FILED
00 APR 28 PM 3:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: FRANK DOVALE
Name (Printed or typed)

10286 NW 47 ST
Address

SUNRISE, FL 33351
City, State & Zip

(954) 572-6667
Daytime Telephone number

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

S. Thompson MAY 01 2000

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

REGAL MEDICAL ENTERPRISES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

10286 NW 4751 SUNRISE, FLA 33351

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEDICAL SUPPLY / HEALTHCARE CONSULTANT

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

FRANK DOVALE
230 NW 50th AVE
MIAMI, FL 33126

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

FRANK DOVALE
230 NW 50th AVE
MIAMI, FL 33126

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Date

4-26-2K

Signature/Incorporator

Date

4-26-2K

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