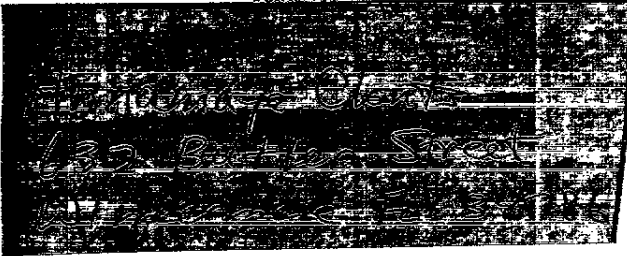


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Requester's Name

Address



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Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Cypress Medical Systems, Inc.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

FILED
00 MAY -8 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- ☐ Walk in ☐ Pick up time ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

ARTICLES OF INCORPORATION

OF

**Cypress Medical Systems, Inc.
FOR THE STATE OF FLORIDA**

FILED
00 MAY -8 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, acting as Incorporator(s) pursuant to Chapter 607 of the Florida Statutes, adopt(s) the following Articles of Incorporation.

ARTICLE I. NAME

The name of this Corporation is Cypress Medical Systems, Inc.

ARTICLE II. DURATION

The period of its duration is perpetual, beginning from the date these Articles are filed with the State of Florida, Secretary of State.

ARTICLE III. PURPOSE

The general purpose of the business to be transacted by this Corporation is to engage in any activity or business permitted under the laws of the United States and the State of Florida, and to effectuate such purposes it may act in any capacity including as an agent or attorney-in-fact for any person or entity.

ARTICLE IV. CAPITAL STOCK

This Corporation is authorized to issue 1,000,000 shares of common stock, all of one class, without any stated par value, which will all be designated "common shares".

ARTICLE V. PREEMPTIVE RIGHTS

A. Each of the shareholders agrees not to sell, transfer, pledge, assign or otherwise in any way dispose of his or her shares unless and until he or she shall have offered to sell his or her

shares to the other shareholders at a fair and reasonable price.

B. All additional shares of common stock issued by the Corporation will be subject to the same restrictions regarding transferability as the initial stock.

C. The holders of common shares will be entitled to purchase newly issued stock proportionate to their respective holdings prior to the stock being offered to outside subscribers.

**ARTICLE VI. INITIAL PRINCIPAL OFFICE
AND MAILING ADDRESS OF CORPORATION**

The street address of the initial principal office of this Corporation is 8519 Lansmere Lane, Orlando, Orange County, Florida 32835.

The initial mailing address of this Corporation is 8519 Lansmere Lane, Orlando, Orange County, Florida 32835.

**ARTICLE VII. INITIAL REGISTERED AGENT
OF CORPORATION AND ADDRESS OF REGISTERED AGENT**

The name of the initial registered agent of this Corporation is Anita Hankins, and the address of this initial Registered Agent is 8519 Lansmere Lane, Orlando, Orange County, Florida 32835.

ARTICLE VIII. INITIAL BOARD OF DIRECTORS

This Corporation will have two (2) directors initially. The number of directors may either be increased or diminished from time to time by the Bylaws but will never be less than one (1). The name and address of the initial directors of this Corporation is:

Annamaye Clonts
632 Butler Street
Windermere, Florida 34786

Anita Hankins
8519 Lansmere Lane
Orlando, Florida 32835

ARTICLE IX. INCORPORATOR

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

Annamaye Clonts
632 Butler Street
Windermere, Florida 34786

Anita Hankins
8519 Lansmere Lane
Orlando, Florida 32835

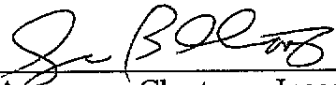
ARTICLE X. BYLAWS

The power to adopt, alter, amend or repeal Bylaws will be vested in the Board of Directors and the shareholders.

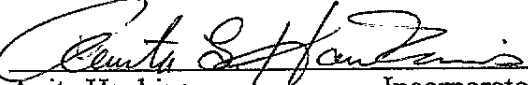
ARTICLE XI. MANAGEMENT BY SHAREHOLDERS

All corporate powers will be exercised by or under the authority of, and the business affairs of this Corporation will be managed under the direction of, the shareholders of this Corporation.

DATED: 5 - 4 , 2000



Annamaye Clonts Incorporator



Anita Hankins Incorporator

STATE OF FLORIDA
COUNTY OF ORANGE

The foregoing instrument was acknowledged before me this 2nd day of May 2000 by ANNAMAYE CLONTS, who is described as Incorporator, and who executed the foregoing Articles of Incorporation, and acknowledged before me that she subscribed to such Articles of Incorporation for the purposes therein described.



Suzi Karr
My Commission CC844777
Expires June 19, 2003

(Signature of Notary Public - State Florida) SUZI KARR

Suzi Karr
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____ OR Produced Identification Ft Dk # C453-002-69-673-0

Type of Identification Produced Ft Dk

STATE OF FLORIDA
COUNTY OF ORANGE

The foregoing instrument was acknowledged before me this 4th day of May 2000, by ANITA HANKINS, who is described as Incorporator, and who executed the foregoing Articles of Incorporation, and acknowledged before me that she subscribed to such Articles of Incorporation for the purposes therein described.



Marilyn G Campbell
My Commission CC896637
Expires February 01, 2004

(Signature of Notary Public - State Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____ OR Produced Identification X

Type of Identification Produced FLO # H525012497510

ACCEPTANCE OF DUTIES OF REGISTERED AGENT


I HEREBY ACCEPT the designation, duties, and responsibilities as REGISTERED AGENT of CYPRESS MEDICAL SYSTEMS, INC., and agree to comply with all provisions of the Florida Statutes, and/or any other applicable laws related thereto.

Anita Hankins
Registered Agent



STATE OF FLORIDA
COUNTY OF ORANGE

The foregoing instrument was acknowledged before me this 4th day of May, 2000, by ANITA HANKINS, described as the REGISTERED AGENT for CYPRESS MEDICAL SYSTEMS, INC., and who executed the foregoing designation as REGISTERED AGENT for the purposes therein expressed.

 Marilyn G Campbell
My Commission CC896537
Expires February 01, 2004


(Signature of Notary Public - State Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____ OR Produced Identification X

Type of Identification Produced FLDCH#H52501249251

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00 MAY -8 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA