

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 327
Tallahassee, FL 32314

SUBJECT:

5Med, Inc

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX); 5Med, Inc

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :
\$70.00

ADDITIONAL COPY REQUIRED

FROM:

John Hodges

Name (Printed or typed)

1412 21st Street

Address

Palm Harbor, Fl 34683

City, State & Zip

727-785-6524

Daytime Telephone number

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 MAY 31 PM 12:26

FILED

300003271773-15
-05/31/00--01043--007
*****70.00 *****70.00

F. CHAPMAN

JUN

9 2000

ARTICLES OF INCORPORATION

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

ARTICLE I NAME:

5Med, Inc

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE:

1412 21st Street
Palm Harbor, Fl 34683

The principal place of business/mailing address is:

ARTICLE III PURPOSE:

Wholesale
Pharmaceutical Distributor

The purpose for which the corporation is organized is:

ARTICLE IV SHARES:

500,000

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

ARTICLE VI REGISTERED AGENT:

John Hodges
1412 21st Street
Palm Harbor, Fl 34683

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

ARTICLE VII INCORPORATOR

John Hodges
1412 21st Street
Palm Harbor, Fl 34683

The name and address of the Incorporator is:

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

5-25-00
Date



Signature/Incorporator

5-25-00
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 MAY 31 PM 12:26

FILED