

TRANSMITTAL LETTER

P00000062107

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 JUN 23 AM 8:42

FILED

SUBJECT: Med Stream Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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: Robert Nelson
Name (Printed or typed)

19113 Crooked Lane
Address

hutz, FL 33549
City, State & Zip

813.855.5653
Daytime Telephone number

800003302808--7
-06/23/00--01064--004
*****78.75 *****78.75

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

T. Burch JUN 27 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:

Med Stream, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

19113 Crooked Lane, Lutz, FL 33549

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Electronic data repository.

ARTICLE IV SHARES

The number of shares of stock is:

10,000

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:

Robert Nelson

19113 Crooked Lane, Lutz, FL 33549

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Robert Nelson

19113 Crooked Lane, Lutz, FL 33549

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

6/20/00

Signature/Incorporator

Date

6/20/00

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