

P00000095711  
TRANSMITTAL LETTER

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

000003419710--3  
-10/09/00--01101--016  
\*\*\*\*122.50 \*\*\*\*78.75

SUBJECT: GRANMEDICA INTERNATIONAL 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    ☐ \$78.75    ☒ \$122.50    ☐ \$131.25

FROM: DAVID GEOFROY  
Name (printed or typed)  
1700 UNIVERSITY DRIVE [SUITE 220]  
Address  
CORAL SPRINGS, FL. 33071  
City, State & Zip  
954.753.3030  
Daytime Telephone number

FILED  
00 OCT -9 AM 9:04  
SECRETARY OF STATE  
TALLAHASSEE, FL 32314

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

**ARTICLES OF INCORPORATION**  
**OF**

**GRANMEDICA INTERNATIONAL INC.**

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FILED  
00 OCT -9 AM 9:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

**ARTICLE I NAME**

The name of the corporation shall be:

**GRANMEDICA INTERNATIONAL INC.**

**ARTICLE II PRINCIPAL OFFICE**

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

**1700 UNIVERISTY DRIVE [SUITE 220]**

**CORAL SPRINGS, FL. 33071**

**ARTICLE III SHARES**

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

**ONE THOUSAND ONLY [1,000]**

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

**ALFRED L. COHEN  
12129 N.W. 9th. PLACE  
coral sporings, fl. 33071**

**ARTICLE V INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

DAVID GEOFROY  
12129 N.W. 9th. PLACE  
CORAL SPRINGS, FL. 33071

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

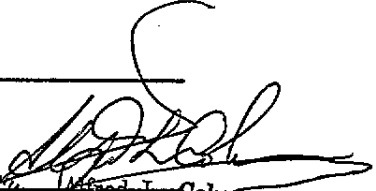
OCTOBER 1st. day of                     , ~~19~~ 2000.

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature



  
Alfred L. Cohen  
Commission # CC 962281  
Expires Oct. 6, 2004  
Bonded Thru  
Atlantic Bonding Co., Inc.

**Articles of Incorporation  
Filing Fee - \$35**

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: GRANMEDICA INTERNATIONAL INC.

2. The name and address of the registered agent and office is:

ALFRED L. COHEN

(Name)

12129 N.W. 9th. PLACE

(P.O. Box not acceptable)


CORAL SPRINGS, FL. 33071

(City/State/Zip)

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TALLAHASSEE, FLORIDA

*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.*

  
(Signature)  
ALFRED L. COHEN

 Alfred L. Cohen  
Commission # CC 962281  
Expires Oct. 6, 2004  
Bonded Thru  
Atlantic Bonding Co., Inc.