#### TRANSMITTAL LETTER

# P01000004612

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

SUBJECT:	nds-On" Gloves &	Medical Supp	lies Inc.	<del></del> .
	(PROPOSED CORPORA)		00003530 -01/10/01- *****87.50	14945 01007007   *****87.50
Enclosed is an origina	al and one(1) copy of the article	s of incorporation and a	check for:	•
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	0
FROM:	Pansacola, 31	a fox Street ddress	ECILLANASSEE.	JAN-9 PM 1: 29  THE STATE OR DRIDA
•	850 - 484-40 Daytime To	O/O		

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



# "Hands-On" Gloves & Medical Supplies, Inc.

## **Articles of Incorporation**

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Article I:

Name

The name of this for-profit corporation shall be called "Hands-On" Gloves and Medical Supplies, Inc.

Article II:

**Principal Office** 

#### The initial principal place of business is:

7410 North Palafox Street Pensacola, FL 32503

### The initial mailing address for this place of business is:

P. O. Box 11693 Pensacola, FL 32524

**Article III:** 

**Purpose** 

#### The purpose for which this corporation has been organized is:

To provide medical exam gloves, sterile gloves, medical supplies and equipment to health care organizations, independent practitioners and patient care delivery companies in the United States and on the International Market. This will include serving as "purchaser and liaison" for the purchase of medical equipment for health care organizations, independent practitioners and patient care delivery companies in both the domestic and international markets.

"Hands-On" Gloves & Medical Supplies, Inc. page 2 Article IV: Shares of Stock The initial number of share of stock for this corporation is: 5,000,000 **Article V: Officers/Directors President/CEO:** La Wanda Nall 3400 River Gardens Circle Pensacola, FL 32514 Secretary: Earline Nall Rt. 2 Box 123 Castleberry, AL 36432 \*\*\*\*Please note that the Treasurer duties will be handled by the two officers listed above. The Secretary has power of attorney (separate forms have been completed for the power of attorney) in the event of incapacitation by the President/CEO.\*\*\*\* **Article VI:** Registered Agent

The name & address of the Florida Registered Agent for this company:

La Wanda Nall 3400 River Gardens Circle Pensacola, FL 32514

## Article VII: Incorporator

## The name and address of the Incorporator is:

La Wanda Nall 3400 River Gardens Circle Pensacola, FL 32514

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

Registered Agent

Incorporator

12/5/2000 Date

> 2/5/2000 Date

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> > SECRE LARY OF STATE
> > AND ANASSEE, FLORIDA