

PO10000032570
TRANSMITTAL LETTER

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

FILED
01 MAR 26 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: ~~Zovine, Inc.~~ PINES MEDICAL Supply Distributor, Inc
(Proposed corporate name - must include suffix)

000003909240--8
-03/26/01--01079--018
*****78.75 *****78.75

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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Access Incorporation Services, Inc.

Name (Printed or typed)

21550 Oxnard Street, Suite 300

Address

Woodland Hills, CA 91367

City, State & Zip

(818) 592-4034

Daytime Telephone number

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

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3/30/01✓

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Pines Medical Supply Distributor, Inc.

ARTICLE II PRINCIPAL OFFICE

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

895 SW 172nd Terr.,

Pembroke Pines, FL 33029

ARTICLE III SHARES

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

2000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Gene Lezcano

895 SW 172nd Terr., Pembroke Pines, FL 33029

ARTICLE V INCORPORATOR


The name and address of the incorporator to these Articles of Incorporation are:

Gannon Stride

21550 Oxnard Street, Suite 300

Woodland Hills, CA 91367

March 6, 2001


Signature/Incorporator

Date

(An additional article must be added if an effective date is requested.)

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/Registered Agent

3-20-01
Date