# PO/ODOO33274

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

> 900003923949---7 -03/28/01--01063--002 \*\*\*\*\*78.75 \*\*\*\*\*\*78.75

SUBJECT: TRANSMED					
(P	roposed corporate n	ame - must include su	ffix)		
Enclosed is an original for:	and one (1) co	py of the articles o	f incorporation a	nd a check	
Filing Fee	Filing Fee & Certificate	Filing Fee & Certified Copy Additional Cop	Filing Fee, Certified Copy & Certificate y Required	O SE TAL	
FROM:	PABLO A DE LA PAVA  Name (printed or typed)		OT MAR 28 T ECRETATA LLAHASSEE,		
	11731 SW 94 ST Address		PM 1:31	Ö	
	MIAMI, FLORIDA 33186  City, State & Zip				
	(305) 596-2135  Daytime Telephone number				

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

T. Burch APR

R 3

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### ARTICLES OF INCORPORATION

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 | NAME

The name of the corporation shall be: TRANSMEDIC INC.

FILED

OI MAR 28 PM 1: 3

SECRETARY OF STATE
TALLAHASSEE, FLORID

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 11731 SW 94 ST. MIAMI, FLORIDA 33186

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1000 shares of Common stock having a par value of \$1.00 ()ne dollar) per share.

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: PABLO DE LA PAVA 11731 SW 94 ST. MIAMI, FLORIDA 33186

**FILING FEE: \$70.00** 

#### ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are): PABLO DE LA PAVA = 11731 SW 94 ST. MIAMI, FLORIDA 33186

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

16	lay of MARCH	2001
10		
PABLO DE 1	Signature Signature	
	Signature	
	<del>A P</del> AVA	

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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:		TRANSMEDIC INC			
2. The name and	address of the register	red agent and office is:	FIL 01 MAR 28 SECRETARY TALLAHASSE	<del></del> =_:	
	PABLO DE LA I	PAVA (Name)			
	11731 SW 94 S	ST or Mail Drop Box <u>NOT</u> ACCEPTABLE)	I: 31 PRIDA	** <del>==</del>	
	MIAMI, FLORII	DA 33186 (CITY/STATE/ZIP)		. <u>11</u> - 24 .	

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.

MARCH 16, 2001

(DATE)

PABLO DE LA PAVA

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314