1000034798

TRANSMITTAL LETTER

Department of State **Division of Corporations** P.O. Box 6327 Tāllahassee, Florida 32314

Subject

island-med inc.

Enclosed is an original and two (2) copies of the articles of incorporation and a check for

\$78.75 Filing Fee

\$122.50 Filing Fee & Certified Copy

\$131.25 Filing Fee, Certified Copy

& Certified Copy

& Certificate

(ADDT'L COPY REQ'D) (ADDT'L COPY REQ'D)

Nellie Akalp FROM: 30141 Agoura Road, Suite 205 Agoura Hills, California 91301

NOTE: Please provide the original and one copy of the articles. Provide TWO copies if you have requested a certified copy as designated in the boxes above.

FILED OIAPR-2 AMII:53

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION OF island-med inc.

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	<u>NAME</u>		
The name of the Cor	rporation shall be: island-med	inc.	
ARTICLE II	PRINCIPAL OFFIC		
The principal place	of business and mailing addre	ss of this corporation sl	nall be:
104 SE11A			
Boynton Be	ach, Florida 33435	-	
ARTICLE III	<u>SHARES</u>		
The number of share \$1.00 par value per	es that this corporation is auth share.	orized to have outstand	ing at any one time is: 1,500 a
ARTICLE IV			STREET ADDRESS
The name and Florid	da street address of the initial	registered agent is:	
Canute Cou 104 SE11Ä Boynton Be			
ARTICLE V	INCORPORATOR	A 1	
The name and addre	ess of the incorporator to these	Afticles of incorporat	ion is.
	p ura Road, Suite 205 ls, California 91301		
Nollie &	Wale	3/19/0	
	Akalp, ancorporator		Date
Having been named a place designated in th	s registered agent and to accept his certificate, I hereby accept the	service of process for the appointment as register	above stated corporation at the ed 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.

Canute Cousins, Registered Agent