TRANSMITTAL LETTER

# P01000035349

Department of State Division of Corporati P. O. Box 6327 Tallahassee, FL 323			1 00000395; -04/03/01-	<b>,</b> 2881
SUBJECT:	SALGAR T (PROPOSED CORPORA)	Neorporated	-U4/U3/U1 *****87.5I <b>UDE SUFFIX</b> )	-01945015 0 *****87.5 
Enclosed is an origina	al and one(1) copy of the article	es of incorporation and a	check for:	
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM:	FLA/PhG Name (Pri	ADDITIONAL CO	FI REQUIRED	01
	1.0 - Box 2-13 Address			APR 3
	Pine Ha FL. 32350 City, State & Zip		Y DE STATE EE FLORIDA	PH 2: 22
	850 929  Davtime Tel	7-377Z-		. e

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

# ARTICLES OF INCORPORATION

01 APR -3 PM 2: 22
SECRETARY OF STATE
AND AHASSEF FLORIDA

March 26, 2001

#### Article I NAME

The name of the corporation shall be: SabGar Incorporated

### Article II PRINCIPAL OFFICE

The principal place of business and the mailing address shall be: Post Office Box 213 Pinetta, Florida 32350.

#### Article III PURPOSE

The purpose for which the corporation is organized is to provide medical practitioners to various businesses and institutions and to engage in other ventures as directed by the board of directors.

#### Article IV SHARES

The number of shares of stock is: One Thousand (1000)

## Article V REGISTERED AGENT

The name and address of the registered agent is: Ralph Garcia, Route 3 Box 410 Madison, Florida 32360

#### Article VI INCORPORATOR

The name and address of the incorporator is: Ralph Garcia, Route 3 Box 410 Madison, Florida 32360

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

Ralph Garcia, Registered Agent

Ralph Garcia, Incorporator