Florida Department of State

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To:

Division of Corporations

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From:

Account Name

: FAS-T CORP. AGENTS, INC.

Account Number : 071001002335

Phone

: (305)599-0839

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: (305)716-0346

## FLORIDA PROFIT CORPORATION OR P.A

#### MEDZONE SYSTEMS INC

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# ARTICLES OF INCORPORATION OF

MEDZONE SYSTEMS INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of incorporation.

ARTICLE I NAME

The name of the corporation shall be: MEDZONE SYSTEMS INC.

The principal place of business of this corporation shall be: 14371 Lake Crescent Pl, Miami Lakes Fl 33014.

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

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

100 shares @ \$1.00 par value.

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

William Diaz 14371 Lake Crescent Pl Miami Lakes, Fl 33014.

## ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator (s) to this articles of incorporation is(are):

William Diaz 14371 Lake Crescent Pl Miami Lakes, Fl 33014.

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this,

12 day of April 2001

Signature(s) of Incorporator(s)

#### H01000037591 4

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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:	
MEDZONE SYSTEMS INC.	
2. The name and address of t office is:	he registered agent and
WILLIAM DIAZ	14371 Lake Crescent Pl
(P.O. BOX NOT	ACCEPTABLE)
	Miami Lakes, Fl 33014.
(CITY/ST	ATE/ZIP)
	SIGNATURE AND: 57 SIGNATURE AND: 57 SIGNATURE TITLE
	DATE
HAVING BEEN NAMED TO ACCEP ABOVE STATED CORPORATION, AT CERTIFICATE, I HEREBY AGREE TO FURTHER AGREE TO COMPLY WITH RELATIVE TO THE PROPER AND COUTIES, AND I ACCEPT THE DUTIES 607.325, FLORIDA STATUTES.	THE PLACE DESIGNATED IN THIS ACT IN THIS CAPACITY, AND I THE PROVISIONS OF ALL STATUTES COMPLETE PERFORMANCE OF MY

DATE