TRANSMITTAL LETTER # 10/0000 48346

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

OI MAY -9 PM 1:02

SECHETARY OF STATE A

TALLAHASSEE, FLORIDA

SUBJECT:	OREATIVE MED (PROPOSED CORPORAT	ITCAL SYST TENAME-MUSTINCLI	TEMS, IN	
		3	300004192 -05/09/01-1 *****78.75	Ò
Enclosed is an origin	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	2 \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM	: ANTHONY Mame (Pr	T LAURIA rinted or typed)		
	3580 COR	AL SPRING	is Dr	
	CORAL SPA	CINGS, FL State & Zip	- 33065	_
	954 7 Daytime To	753 440 elephone number	0/	

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

In compliance with Chapter 607 and/or Chapter 621 E.S. (Burfie)
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME The name of the compensation shall be a second or chapter 621, F.S. (Profit)
ARTICLE I NAME The name of the corporation shall be: CREATIVE MEDICAL SYSTEMS, IMALIAHASSEE, FLORIDA ARTICLE II PRINCIPAL OFFICE
CDE AT LAKE ME CALLETTING TO SECOND PH 1:00
CREATIVE MEDICAL SYSTEMS, LMALLAHASSY OF STATE
ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is:
3580 CORAL SPRINGS DR,
CORAL SPRINGS, FL 33065
ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
INTERNET APPLICATION SERVICE PROVIDER
ARTICLE IV SHARES
The number of shares of stock is:
1000
ARTICLE V INITIAL OFFICERS DIRECTORS (optional)
The name (a) and address (as).
ANTHONY J. LAURIA, PRESIDENT
3580 CORAL SPRINGS DR
ANTHONY J. LAURIA, PRESIDENT 3580 CORAL SPRINGS DR CORAL SPRINGS, FL 33065
ARTICLE VI RECISTERED AGENT
The name and Florida street address of the registered agent is:
ANTHONY J. LAURIA 3580 CORAL SPRINGS DR
CORAL SPRINGS, 1-2 33000
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:
And the mane and address of the incorporator is.
FRO CARAL SPRINGS DR
ANTHONY J. LAURIA 3580 CORAL SPRINGS DR CORAC SPRINGS FL 33065 ************************************

Having been named as registered agent to accept service of process for the above stated 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
War of The State o
Signature/Registered Agent/AHTHONY J. LAURIN Date
1/7/2001
Signature/Incorporator ANTHONY J. LAURIA Date