

Charter Number Only

VALUATION ONLY

Requestor's Name

Address

City

State

ZIP

Phone

600004487436--4
-07/20/01--01029--014
*****78.75 *****78.75

CORPORATION(S) NAME

Southern Medical Distributing Inc.



Empire Toll Free: 1-800-432-3028

FILED

01 JUL 20 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

☒ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Reservation

☐ Change of Registered Agent

☒ Certified Copy

☐ Photo Copies

☐ Certificate Under Seal

☐ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

Name	
Availability	
Document	
Examiner	
Updater	
Verifier	
Acknowledgment	
W.P. Verifier	

Certified
copy

ARTICLES OF INCORPORATION

of

Southern Medical Distributing
(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I - CORPORATE NAME

The name of the corporation is:

Southern Medical Distributing Inc.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue ~~100~~ one hundred shares (100) of _____ Dollar(s) (\$ _____) par value Common Stock, which shall be designated "Common Shares".

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	<u>Joseph Galor</u>		
ADDRESS	<u>15720 North Wind Circle</u>		
CITY	<u>Sunrise</u>	FLORIDA	ZIP <u>33326</u>

The principal office, if known, or the mailing address of the corporation is:

NAME	<u>Southern Medical Distributing Inc.</u>		
ADDRESS	<u>15720 North Wind Circle</u>		
CITY	<u>Sunrise</u>	FLORIDA	ZIP <u>33326</u>

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	Joseph Galor		
ADDRESS	15720 Northwind Circle		
CITY	Sunrise	STATE	Florida
		ZIP	33306
NAME			
ADDRESS			
CITY		STATE	
		ZIP	
NAME			
ADDRESS			
CITY		STATE	
		ZIP	

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	Joseph Galor		
ADDRESS	15720 Northwind Circle		
CITY	Sunrise	STATE	Florida
		ZIP	33306
NAME			
ADDRESS			
CITY		STATE	
		ZIP	
NAME			
ADDRESS			
CITY		STATE	
		ZIP	

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 19th day of July 2001.

Joseph Galor (Seal)
____ (Seal)
____ (Seal)

CERTIFICATE AND KNOWLEDGEMENT
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT
OF

Southern Medical Distributing Inc.
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation

at 15720 Northwind Circle

Sunrise, Florida 33326

has named Joseph Galor

located at the aforesaid address, as its Registered Agent to accept service of process within
this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated
corporation at the place designated in this certificate, and being familiar with the obli-
gations of that position, I hereby accept to act in this capacity, and agree to comply with the
provisions of Florida Law in keeping open said office.

Joseph Galor
(registered agent)

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TALLAHASSEE FLORIDA

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