

TRANSMITTAL LETTER

PO1000076158

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

SUBJECT: BOYE ULTIMATEMED, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

500004487725--1
-07/20/01--01068--004
*****78.75 *****78.75

Enclosed is an original and one(1) copy of the articles 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

ADDITIONAL COPY REQUIRED

FROM: BOYE ULTIMATEMED, INC. (MICHAEL A. ADEBAYEJO)
Name (Printed or typed)

P.O. BOX 660643
Address

MIAMI, SPRINGS, FL 33262
City, State & Zip

954-907-9258
Daytime Telephone number

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

SECRETARY OF STATE
TALLAHASSEE FLORIDA

2001 AUG -2 PM 2:59

FILED

509-619-2551-611
W01-16958

158/8/2/01



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

July 24, 2001

BOYE ULTIMATEMED INC.
POST OFFICE BOX 660643
MIAMI SPRINGS, FL 33266

SUBJECT: BOYE ULTIATEMED SERVICES, INC.
Ref. Number: W01000016958

We have received your document for BOYE ULTIATEMED SERVICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity must be identical throughout the document.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as Registered Agent.")

The registered agent must sign accepting the designation.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden
Document Specialist
New Filings Section

Letter Number: 201A00042956

**BOYE ULTIMATEMED SERVICES, INC.
ARTICLES OF INCORPORATION**

FILED

ARTICLE I

The name of the Florida Corporation shall be Boye Ultimatemed Services, Inc. 2001 AUG -2 PM 2: 59

ARTICLE II

SECRETARY OF STATE
TALLAHASSEE FLORIDA

The principal place of business of Boye Ultimatemed Services, Inc. shall be
8944 NW 53 Court
Sunrise, Fl 33351

The mailing address of the Boye Ultimatemed Services, Inc. shall be
P.O. Box 660643
Miami Springs, Fl 33266

ARTICLE III

Boye Ultimatemed Services, Inc. shall provide medical services and equipment to individual and organizations needing highly skilled medical assistance. In order to provide these services to its clients, Boye Ultimatemed Services, Inc. will utilize the services of highly skilled professionals from various areas of the healthcare industries, such as medicine, nursing, physical & occupational therapy and radiology. The main goal of Boye Ultimatemed Services, Inc. is to put the medically needy in the best condition possible in either the patient's home or in a hospital setting.

ARTICLE IV

Boye Ultimatemed Services, Inc. shall have 10,000 shares of common stock.

ARTICLE V

The primary officer of Boye Ultimatemed Services, Inc. is Mr. Michael A. Adeboyejo. He will also serve as the director of Boye Ultimatemed Services, Inc. The following is the pertinent information about Mr. Adeboyejo:

Michael A. Adeboyejo
8944 NW 53 Court
Sunrise, Fl 33351

ARTICLE VI

The registered agent of Boye Ultimatemed Services, Inc. is Mr. Michael A. Adeboyejo. His address is:

Michael A. Adeboyejo
8944 NW 53 Court
Sunrise, Fl 33351

BOYE ULTIMATMED SERVICES, INC.
ARTICLES OF INCORPORATION

ARTICLE VII

Boye Ultimatemed Services, Inc. is being incorporated by:

Michael A. Adeboyejo
8944 NW 53 Court
Sunrise, Fl 33351

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

MICHAEL A ADEBOYEJO - BOYE

Signature/Registered Agent

MICHAEL A. ADEBOYEJO - BOYE

Signature/Incorporator

7/16/01
Date

7/16/01
Date