TRANSMITTAL LETTER

Department of State Division of Corporations

P. O. Box 6327 Tallahassee, FL 3231	4		表SSEE, FLO	
SUBJECT:	Advanced Tissue (PROPOSED CORPORA)	Manaçem TENAME- <u>MUSPINCLU</u>	DE SUFFIX)	
		00	1000451352(-08/03/0101003- *****78.75 ****	
Enclosed is an original and one(1) copy of the articles of incorporation and a check for:				
Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL COI	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	Kevin Law Name (Pr	inted or typed)		
4626 Since + Pt. Address				
	Destin City,	FL 325	41	
SSO-(SO- 872)7 Daytime Telephone number				

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



ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME The name of the corporation shall be:	
Advanced Tissue Manag	1 Inc
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	X VY TEN 1
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
Angend ALL LAWfol Busines	· <u> </u>
ARTICLE IV SHARES The number of shares of stock is:	·
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es): Kevin Lamb-Resident 4626 Sunset Point Destin FL 3254	AFFROVED OI AUG -2 PM 4: 22 SECRETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:	
Kevin Lamb 1626 Surset Pt. Destin, FL 32541	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
Kevin Lamb	
Liezb Sunsiet Pt.	
Dest = 5251 ***********************************	*******
Having been named as registered agent to accept service of process for the above stated corporation certificate, I am familiar with and accept the appointment as registered agent and agree to act in this	n at the whee death of The Art
	(-2-01
Signature/Registered Agent Date	
Signature/Incorporator Date	-2-01
Date	2