TRANSMITTAL LETTER

Department of State Division of Corporations , P. O. Box 6327

Tallahassee, FL 32314

IW OF WINTER PARK, IN	C.	
		UDE SUFFIX)
	80	0004636368 -10/15/0101050 ******78.75 ****
al and one(1) copy of the article	es of incorporation and a	check for:
	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
	rinted or typed)	
5640 South Lake Burkett Lane Address		
407-579-6867 Daytime To	elephone number	· -
	Geoff M. Waxman Name (Proposed South Lake 1) Winter Park, FL City, 407-579-6867	al and one(1) copy of the articles of incorporation and a \$\begin{align*} \begin{align*}

NOTE: Please provide the original and one copy of the articles. MAN_GAVE HORIZATION BY PHONE TO

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:

GMW OF WINTER PARK, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5640 South Lake Burkett Lane

Winter Park, FL 32792

ARTICLE III

The purpose for which the corporation is organized is:

To conduct Medical Sales Representation Business

ARTICLE IV SHARES

The number of shares of stock is:

100

V INITIAL OFFICERS (DIRECTORS (optional)

The name(s) and address(es):

Geoff M. Waxman

5640 South Lake Burkett Lahe

Winter Park, FL 32792

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Geoff M. Waxman 5640 South Lake Burkett Lane Winter Park, FL 32792

INCORPORATOR ARTICLE VII

The name and address of the Incorporator is:

Geoff M. Waxman 5640 South Lake Burkett Lane Winter Park, FL 32792

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

Date

Signature/Incorporator