

TRANSMITTAL LETTER
P010000110180

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

900004640839--0
-10/18/01-01018-012
*****87.50 *****87.50

SUBJECT:

INFINITY MEDICAL - INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

(BC)

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:

Anthony Swain
Name (Printed or typed)

1914 NW 43rd
Address

Miami, FL 33142
City, State & Zip

305 634-7198
Daytime Telephone number

2001 NOV 16 PM 1:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

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

691
001-24265

g 11/16/01



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

October 19, 2001

ANTHONY SWAIN
1914 NW 43 STREET
MIAMI, FL 33142

SUBJECT: INFINITY MEDICAL INC.
Ref. Number: W01000024265

We have received your document for INFINITY MEDICAL INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

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: 201A00057888

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:

INFINITY MEDICAL INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1914 nw 43st

Miami FL 33142

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To sell and distribute medical equipment and supplies

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Anthony Swain

1914 n.w 43st

Miami FL 33142

ARTICLE VI REGISTERED AGENT

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

Anthony Swain

1914 NW 43st

Miami FL 33142

ARTICLE VII INCORPORATOR

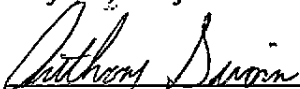
The name and address of the Incorporator is:

Anthony Swain

1914 nw 43st

Miami FL 33142

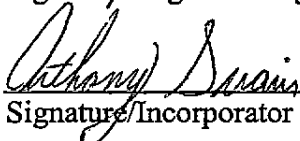
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

11-6-01

Date



Signature/Incorporator

11-6-01

Date

FILED

2001 NOV 16 PM 1:47

SECRETARY OF STATE
TALLAHASSEE FLORIDA