

P02000001925

Articles of Incorporation

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

500004750855--6
-01/04/02--01021--016
*****70.00 *****70.00

SUBJECT: AGRIMED SERVICES, INC.
(Proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for
\$ 70.00

FROM:

Name (Printed or typed) Robert N. Bedford
Address PO Box 48295
City, State & Zip St Petersburg FL 33743
Telephone 727-327-4464

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
02 JAN -4 AM 7:37

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

F. CHESSER JAN 8 2001

**ARTICLES OF INCORPORATION OF
AGRIMED SERVICES, INC.**

The undersigned, acting as incorporator(s) of a corporation pursuant to Chapter 607, Florida Statutes, adopt(s) the following Articles of Incorporation.:

ARTICLE I - NAME

Name of Corporation
AGRIMED SERVICES, Inc.

ARTICLE II - REGISTERED OFFICE AND AGENT

Name and Address of Resident Agent
R Scott McLean, 1805 First Street, Lake Placid, FL 33852

Street Address of Principal Office
1805 First Street, Lake Placid, FL 33852

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ARTICLE III - AUTHORIZED SHARES

Number of shares: 10,000 common

If there is more than one class of shares, shares with rights and preferences, list such information on "Exhibit A."

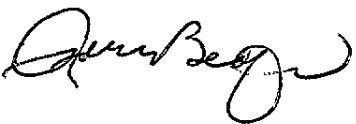
ARTICLE IV - INCORPORATORS

The name(s) and Address(es) of the incorporator(s) of the corporation:

NAME	NUMBER AND STREET	CITY	STATE	ZIP CODE
Robert Bedford	PO Box 48295	St Petersburg	FL	33743

In Witness Whereof, the undersigned being all the incorporators of said corporation execute these Articles of Incorporation and verify, subject to penalties of perjury, that the statements contained herein are true, this 26th day of December 2001.

Signature



Printed Name Robert Bedford

Signature

Printed Name

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office / registered agent, in the state of Florida.

1. The name of the corporation is: AGRIMED SERVICES, Inc.
2. The name and address of the registered agent and office is:

(Name) R Scott McLean

(PO Box NOT Acceptable) 1805 First Street

(City/State/Zip) Lake Placid FL 33852

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Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

SIGNATURE: X 

DATE: 26 December 2001

REGISTERED AGENT FILING FEE: \$35.00

Division of Corporations, PO Box 6327, Tallahassee, FL 32314