02 FEB -4 AM 9: 40

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	······································	SECKETALL OF STAT TALLAHASSEE, FLORI	E DA
SUBJECT: EPS MEDIC (PROPOSED CORPORAT	CAL DEVICE NAME - MUST INCLI	CES, INC,	
Enclosed are an original and one (1) copy of the artic		00004865135 -02/04/0201092012 *****78.75 *****78. I a check for:	-55 75
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: ERIC T. So	••		
A	OWHEAD ddress LLE, F	DK. 3 LOKIDA 32257	7

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

964-246-4338

Daytime Telephone number

(BD D

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

ARTICLE I NAME

The name of the corporation shall be:

EPS MEDICAL DEVICES, INC.

02 FEB -4 AM 9: 40 SECILIANO STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 16140 ARROW HEAD DR.

JACKSONVILLE, FL. 32257

ARTICLE III PURPÓSE

The purpose for which the corporation is organized is:

MEDICAL DEVICE SALES

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

REGISTERED AGENT

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

ERICJ Schnoor

10140 ARROWHEAD DR.

JACKSON VILLE, FLORIDA 32257

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ERIC J Schnoor

10140 ARROWHEAD DR.

JACKSONVILLE FL

32257

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

Signature/Incorporator