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TRANSMITTAL LETTER

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

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-07/26/02--01017--003
*****70.00 *****70.00

SUBJECT: Arrhythmia Management, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Melissa Morrow
Name (Printed or typed)

15350 Amberly Drive, Apt 3223
Address

Tampa, FL 33647
City, State & Zip

(813) 971-1015
Daytime Telephone number

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
02 JUL 26 AM 9:14

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

F. CHESSEY JUL 29

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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:

Arrhythmia Management, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

15350 Amberly Drive, Apt. 3223
Tampa, FL 33647

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical supply sales and any other
lawful activities in the state of
Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Melissa Morrow
15350 Amberly Drive, Apt 3223
Tampa, FL 33647
President and Director

02 JUL 26 AM 9:14

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Melissa Morrow
15350 Amberly Drive, Apt 3223
Tampa, FL 33647

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Melissa Morrow
15350 Amberly Drive, Apt 3223
Tampa, FL 33647

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

Date

Signature/Incorporator

Date