

P03000089209

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

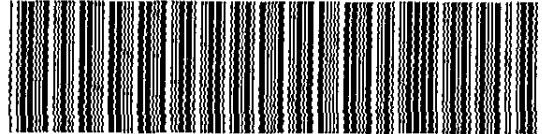
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RECEIVED
03 AUG 14 AM 10:42
DIVISION OF CORPORATION

FILED
03 AUG 14 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/8/14

**CORPORATE
ACCESS,
INC.**

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP 8-13-03

CERTIFIED COPY

CUS

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1.) Seabreeze Medical Network, Inc.
(CORPORATE NAME & DOCUMENT #)

2.) _____
(CORPORATE NAME & DOCUMENT #)

3.) _____
(CORPORATE NAME & DOCUMENT #)

4.) _____
(CORPORATE NAME & DOCUMENT #)

5.) _____
(CORPORATE NAME & DOCUMENT #)

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SECRETARY OF STATE
TALLAHASSEE, FL 32399

ARTICLES OF INCORPORATION
OF
SEABREEZE MEDICAL NETWORK, INC.

The undersigned as incorporator forms a corporation within the meaning of the applicable provisions of Florida Statutes, Chapter 607.

ARTICLE I.

NAME

The name of this corporation is **SEABREEZE MEDICAL NETWORK, INC.**

ARTICLE II.

PRINCIPAL OFFICE

The principal address of this corporation is: 9105 Tudor Drive #204, Tampa, FL 33615.

ARTICLE III.

CAPITAL STOCK

This corporation is authorized to issue 1,000 shares of \$0.01 par value common stock.

ARTICLE IV.

REGISTERED OFFICE AND REGISTERED AGENT

The name of the Registered Agent of this corporation and the street address of the Registered Office are as follows:

Name: Michael Ryan Wilkinson

Address: 9105 Tudor Drive #204
Tampa, FL 33615

ARTICLE V.

INCORPORATOR

The name and address of the incorporator of this corporation is:

Name: Michael Ryan Wilkinson

Address: 9105 Tudor Drive #204
Tampa, FL 33615

ARTICLE VI.

EFFECTIVE DATE OF ARTICLES

These Articles shall be effective upon filing with the Secretary of State for Florida.

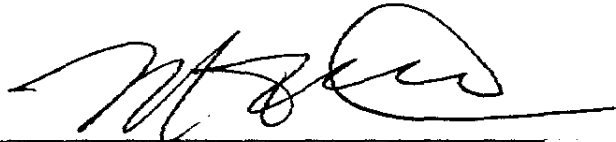
IN WITNESS WHEREOF, the undersigned, as incorporator, has hereunto set the undersigned's hand and seal this 11th day of August, 2003, for the purpose of organizing this corporation under the laws of the State of Florida.



MICHAEL RYAN WILKINSON

ACKNOWLEDGMENT:

Having been named to accept service of process for the above-stated corporation, at the place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.



MICHAEL RYAN WILKINSON

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