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Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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SECKETARY OF STATE

TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: SCIE	ENTIFIC MEDICAL LIGHTIN	IG, INC.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	a check for:
\$70.00	\$78.75	□ \$78.75 Filing Fee	☎ \$87.50 Filing Fee,
Filing Fee	Filing Fee & Certificate of Status	& Certified Copy	Certified Copy & Certificate of Status
		ADDITIONAL CO	
FROM: G	ERALD McCOWN		
	Name	(Printed or typed)	
	590 NW 41 STREET		
		Address	
	OAKLAND PARK, FLORI	DA 33309	
	City	, State & Zip	
	(954) 565-3374		
	Daytime 1	Telephone number	- 13.

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

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: SCIENTIFIC MEDICAL LIGHTING, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 590 NW 41 STREET OAKLAND PARK, FLORIDA 33309

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in the business of retailing/wholesaling of lighting or any other trade or business which can, in the opinion of the board of directors, be advantageously carried on in connection with or auxiliary to the foregoing and to do such other things as are incidental to the foregoing in order to accomplish the foregoing.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

GERALD McCOWN 590 NW 41 STREET OAKLAND PARK, FLORIDA 33309 PRESIDENT, DIRECTOR, SECRETARY, TREASURER

<u>ARTICLE VI REGISTERED AGENT</u>

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

GERALD McCOWN 590 NW 41 STREET OAKLAND PARK, FLORIDA 33309

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

GERALD McCOWN 590 NW 41 STREET OAKLAND PARK, FLORIDA 33309)4 APR 30 PM 1: UZ SECRETARY OF STATE VILAHASSEE, FLORIDA

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 `