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(Re	questor's Name)			
(Ad	dress)			
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Du	onioss Enaty Han	ne,		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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DIVISION -7 PH 1: 40

# TRANSMITTAL LETTER

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

SUBJECT: MED	esigns, Inc.		
	(PROPOSED CORPORAT	E NAME – MUST INCL	UDE SUFFIX)
	2 d . 1	161	
inclosed are an orig	rinal and one (1) copy of the artic	ies of incorporation and	a cneck for:
\$70.00	<b>☑</b> \$78.75	<b>□</b> \$78.75	<b>\$87.50</b>
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
& Certific	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of Status
	ADDITIONAL COPY REQUIRED		
FROM: Ta	mra Zuker	<u> </u>	<u></u>
	Name (	Printed or typed)	
	0005 Ti . I		
	2895 Timbercreek Circle	ddress	ru .
	•	duress	
	Boca Raton, FL 33431	State & Zip	
	City, i	state of Lip	
	561-477-1267		
		elephone number	

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:

MEDesigns, Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 2895 Timbercreek Circle Boca Raton, FL 33431

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any activity or business for which corporations may be incorporated under Florida Statutes 607 and 621 F.S.

## ARTICLE IV SHARES

The number of shares of stock is: 500

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Tamra Zuker, President/Secretary 2895 Timbercreek Circle Boca Raton, FL 33431

#### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Harry Zuker c/o ComNet Realty, Inc. 1900 NW Corporate Blvd. #102W Boca Raton, FL 33431

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Tamra Zuker 2895 Timbercreek Circle Boca Raton, FL 33431

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

06/29/04

ture/Registered Agent Date

Signature/Incorporator Date

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