

P04000137394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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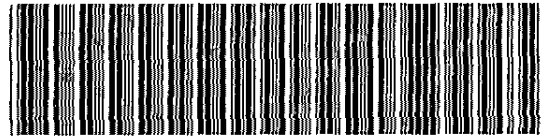
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATE
ACCESS,
INC.**

236 East 6th Avenue, Tallahassee, Florida 32303

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

WALK IN

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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1.) Surgical Instruments International Inc.
(CORPORATE NAME & DOCUMENT #)

2.)
(CORPORATE NAME & DOCUMENT #)

3.)
(CORPORATE NAME & DOCUMENT #)

4.)
(CORPORATE NAME & DOCUMENT #)

5.)
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I

The name of the corporation shall be:

**SURGICAL INSTRUMENTS
INTERNATIONAL INC**

ARTICLE II

The principal place of business address of this corporation shall be:

**1860 NW 107 TERRACE
PLANTATION FL 33322**

The mailing address of this corporation shall be:
**1860 NW 107 TERRACE
PLANTATION FL 33322**

ARTICLE III

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500 Shares

ARTICLE IV

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

**JULIA HALMAGYI
1860 NW 107 TERRACE
PLANTATION FL 33322**

ARTICLE V.

Name and address of the incorporator to these articles of Incorporation is:

**JULIA HALMAGYI
1860 NW 107 TERRACE
PLANTATION FL 33322**


Signature/Incorporator


Date

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ARTICLE VI.

Names and addresses of officers of the corporation are:

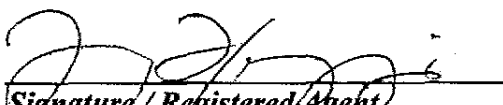
President:

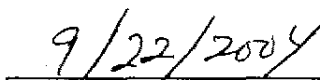
*Julia Halmagyi
1860 NW 107 Terrace
Plantation FL 33322*

Treasurer:

*Julia Halmagyi
1860 NW 107 Terrace
Plantation FL 33322*

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in capacity. I further agree to comply with the provisions of all Statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent


Signature / Registered Agent


Date