

Division of Corporations

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To:

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Fax Number : (850)205-0381

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516)935-3940
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FLORIDA PROFIT CORPORATION OR P.A.

TC Medical Enterprises Inc.

Certificate of Status	1
Certified Copy	0
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ARTICLES OF INCORPORATION

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

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ARTICLE I NAME

The name of the corporation shall be:

TC Medical Enterprises Inc.

ARTICLE II PRINCIPAL OFFICE

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

TC Medical Enterprises Inc.

3315 W. DeLeon Street #3

Tampa, FL 33609

ARTICLE III SHARES

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

1,500 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Timothy Casey

3315 W. DeLeon Street #3

Tampa, FL 33609

Prepared By:

Bruce B. Hubbard

77 East John St.

Hicksville, New York 11801

1-516-935-3940

ARTICLES V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

Timothy Casey - CEO
3315 W. DeLeon Street #3
Tampa, FL 33609

Michael Bender- President
4235 Morning Mist Lane
Cumming, GA 30040

ARTICLES VI INCORPORATOR(S)


The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Timothy Casey
3315 W. DeLeon Street #3
Tampa, FL 33609

Michael Bender
4235 Morning Mist Lane
Cumming, GA 30040

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

4th day of January 2005.



Timothy Casey - Signature



Michael Bender - Signature

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

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1. The name of the corporation is: **TC Medical Enterprises Inc.**

2. The name and address of the registered agent and office is:

Timothy Casey

Name

3315 W. DeLeon Street #3

(P.O. Box or Mail Drop Box NOT Acceptable)

Tampa, FL 33609

(City / State / Zip)

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 this capacity. I further agree to comply with the provisions of all the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.


Timothy Casey
SIGNATURE

January 4, 2005

(Date)