

PO5000153851

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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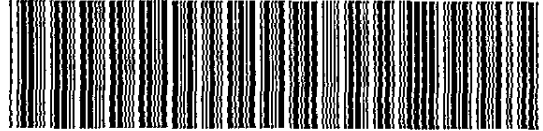
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05 NOV 18 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers NOV 22 2005

TRANSMITTAL LETTER

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

SUBJECT: Medical equipment planners, Inc.

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	<u>\$78.75</u>
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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FROM: Mulji Patel

Name (printed or typed)

6200 34th Street North-on U.S.19

Address

Pinellas Parks, Florida 33781

City, State & Zip

727-522-3097; Mobile: 201-838-6538

Daytime Telephone Number

05 NOV 18 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DOMESTICATION

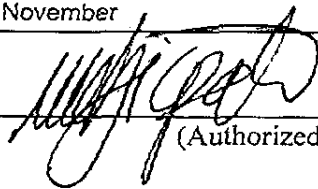
The undersigned, Mulji Patel, President
(Name) (Title)

of Medical Equipment Planners, Inc. a foreign corporation,
(Corporation Name)
in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was Dec. 27, 1999.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was New Jersey, USA.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Medical Equipment Planners, Inc.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is Medical Equipment Planners, Inc.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was New Jersey, USA.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am Mulji Patel, of Medical Equipment Planners, Inc.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 4th day of November, 2005.



(Authorized Signature)

Filing Fee:

Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	<u>\$78.75</u>
Total to domesticate and file	\$128.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Medical equipment Planners, Inc

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

6200 34th Street, North on US 19
Pinellas Park, Fl 33781

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Business- Professional Consulting

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS:

2,500

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TTLES:

Mulji Patel/ President
30 Margaret Court
Fair Lawn, NJ 07410

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Mulji Patel/ President
6200 34th Street, on US 19
Pinellas Park, Fl 33781

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

Mulji Patel/ President
6200 34th Street, on US 19
Pinellas Park, Fl 33781

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 AM FAMILIAR WITH AND
ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

Signature/Registered Agent ?

Date

Signature, Incorporator

Date

FILED
05 NOV 18 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA