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06 MAY - 8 PM 3: 01
SECRETARY OF STATE
ALLAHASSEF, FI ORION

Transmittal Letter

Department of State Division of Corporations 409 E. Gains St. Tallahassee, FL 32399 Tel: 850-487-6052

SUBJECT: **SPA-MED, INC.**

(Proposed corporate name - must include suffix)

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

O \$70.00

O \$78.75

≱ \$78.75

O \$87.50

Filing Fee

Filing Fee & Certificate

Filing fee

Filing fee, Certified Copy,

& Certified Copy

& Certificate

Additional Copy Required

FROM: Robert Leon
Name (printed or typed)

11155 NW 71 Court
Address

Parkland, FL 33076
City, State & Zip

Daytime Telephone Number

954-510-2273

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

ARTICLES OF INCORPORATION

Of

SPA-MED, INC.

O6 MAY -8 PM 3: 01
SECRETARY OF STATE FALLAHASSEE, FLORIDA

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.

ARTICLE I: NAME

The name of the corporation shall be:

SPA-MED, INC.

ARTICLE II: PRINCIPAL OFFICE

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

11155 **NW** 71 Court Parkland, FL 33076

ARTICLE III: PURPOSE

This corporation is organized for the purposes of engaging in any activities or business permitted under the laws of the United States and the State of Florida

ARTICLE IV: SHARES

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

1000 shares of common stock without nominal or par value which shall be designated as "Common Shares". The consideration to be paid for each share shall be fixed by the Board of Directors.

ARTICLE V: INITIAL OFFICERS/DIRECTORS

The name(s) and address(s)

ROBERT LEON 11155 NW 71 Court PARKLAND, FL 33076

ARTICLE VI: INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ROBERT LEON 11155 NW 71 Court PARKLAND, FL 33076

ARTICLE VII: INCORPORATOR(S)

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

ROBERT LEON 11155 NW 71 Court PARKLAND, FL 33076

The unde	ersigned incorp	oorator(s) has (t	nave) executed th	ese Articles o	f Incorporation th	iis
2	day of	May	, 2006			
	7,4					
Pohert Le	on	· · · · · · · · · · · · · · · · · · ·				

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 DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

SPA-MED, INC.

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

Robert Leon

(Name)

11155 NW 71st Court

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

Parkland, FL 33076

(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 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)

(Date)

06 MAY -8 PM 3: 01
SECRETARY OF STATE