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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L. Burch JAN 8 2007

COVER LETTER

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

SUBJECT: MedFacs, Corp.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Erik L. Drier
Name (Printed or typed)

9081 Fruitland Ave.
Address

Englewood, Florida 34224
City, State & Zip

941-875-7832
Daytime Telephone 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:

MedFacs, Corp

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

9081 Fruitland Ave.
Englewood, FL. 34224

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

- 1) Supply and properly fit durable medical equipment.
- 2) Provide billing assistance to doctors with insurance companies and Medicare.

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Erik L. Drier President
9081 Fruitland Ave
Englewood, FL. 34224

Bernd J. Drier Treasurer
8 Medalist Circle
Rotonda West, FL. 33947

ARTICLE VI REGISTERED AGENT

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

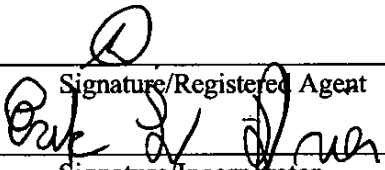
Bernd J. Drier
8 Medalist Circle
Rotonda West, FL. 33947

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Erik L. Drier
9081 Fruitland Ave.
Englewood, FL. 34224

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



Signature/Registered Agent

Signature/Incorporator

1/1/07
Date

1/1/07
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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