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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

FLORIDA PROFIT/NON PROFIT CORPORATION

imperium allied medical inc.

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Articles of Incorporation

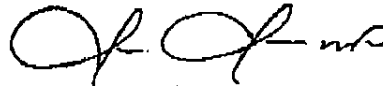
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Article 1: Name and Address of Corporation:
IMPERIUM ALLIED MEDICAL INC.
527 A1A NORTH
PONTE VEDRA BEACH, FL 32082

Article 2: Capital Stock: The number of shares which the corporation has authorized to be outstanding at any one time is **100** with no par value.

Article 3: Registered Agent Name and Office:
JAMES JOYNER MD
527 A1A NORTH
PONTE VEDRA BEACH, FL 32082

*I am familiar with and hereby accept the duties and responsibilities as Register Agent for said corporation.



Signature of Registered Agent

Article 4: The Board of Directors is: (Board of Directors is NOT REQUIRED).
First listed is President, Second is Vice President, then Secretary/Treasurer.

- 1.
- 2.
- 3.
- 4.

Article 5: Incorporator Name and Address:

JAMES JOYNER MD
527 A1A NORTH
PONTE VEDRA BEACH, FL 32082

In witness whereof, I have subscribed my name:



Signature of Incorporator

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