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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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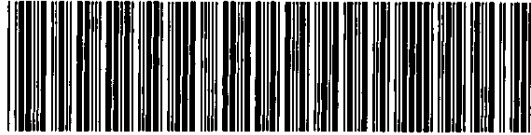
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2001 DEC 13 P 3 26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D WHITE DEC 13 2007

COVER LETTER

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

SUBJECT: Clinical Engineering Solutions, Inc.

(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: Mohammad Elsammak

Name (Printed or typed)

2901 Fiore Way, #203

Address

Delray Beach, FL 33445

City, State & Zip

561 279 4952

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:

Clinical Engineering Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2901 Fiore Way, #203

Delray Beach, FL 33445

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Surgical device repair, and any other business legal in the State of Florida practiced nationally and/or internationally.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Mohammad Elsammak, President

2901 Fiore Way, #203

Delray Beach, FL 33445

Mihaela Polverea, Vice President

2901 Fiore Way, #203

Delray Beach, FL 33445

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Mohammad Elsammak
2901 Fiore Way, #203
Delray Beach, FL 33445

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Mohammad Elsammak
2901 Fiore Way, #203
Delray Beach, FL 33445

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

12/10/2007

Date



Signature/Incorporator

12/10/2007

Date

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TALLAHASSEE, FLORIDA