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(Requestor's Name) FROM Chas. W. Deeds 2009 Shoreland Or.	200131794272
Business Entity Name)	06/30/0801016020 **78.75
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PTTISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE Division of Corporations

June 30, 2008

CHAS D DEEDS 2009 SHORELAND DR AUBURNDALE, FL 33823

SUBJECT: MEDICAL DEVISE SPECIALITIES, INC. Ref. Number: W08000031291

We have received your document for MEDICAL DEVISE SPECIALITIES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity must be identical throughout the document.

You must list the corporation's principal street address and/or a mailing address in the document. A post office box is not acceptable for the principal address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap Regulatory Specialist II New Filing Section

Letter Number: 308A00039037

·第二人的人,我们们的意思。我们的人,这个人的人,这种"这个人"的时候,这个人的我们的人,也是我们的人们的人,我们不能是这个人,我们还有这些人。



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

July 7, 2008

CHAS. D DEEDS 2009 SHORELAND DR AUBURNDALE, FL 33823

## SUBJECT: MEDICAL DEVISE SPECIALITIES, INC. Ref. Number: W08000032159

We have received your document for MEDICAL DEVISE SPECIALITIES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

You must list the corporation's principal street address and/or a mailing address in the document. A post office box is not acceptable for the principal address.

The spelling of your corporate name is not the same in the heading and article I of your document on the copy that you enclosed.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap Regulatory Specialist II New Filing Section

Letter Number: 708A00040004

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Division of Corporations - P.O. BOX 6327 - Tallahassee Florida 32314

#### **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:

### MEDICAL DEVICE SPECIALTIES, INC.

#### ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 2009 SHORELAND DRIVE AUBURNDALE, FLORIDA 33823

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: MANUFACTURE OF A VARIETY OF DEVICES USED IN THE MEDICAL INDUSTRY

#### ARTICLE IV SHARES

The number of shares of stock is: FIVE MILLION @\$.0001

#### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): CHARLES D. DEEDS PRESIDENT AND C.E.O. 2009 SHORELAND DRIVE AUBURNDALE, FLORIDA 33823

PAT A. CORRADO TREASURER AND SECRETARY 6669 96th AVE. NORTH PINELLAS PARK, FLORIDA33872

#### ARTICLE VI REGISTERED AGENT

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

PAT A. CORRADO 6669 96th AVE. NORTH PINELLAS PARK, FLORIDA 33872

#### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: CHARLES D. DEEDS 2009 SHORELAND DRIVE AUBURNDALE, FLORIDA 33823

\*

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

Date

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08 JUL 18 PH 2:57

SECRETARY OF STATE TALLAHASSEE, FLORIDA