

P08000085411

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

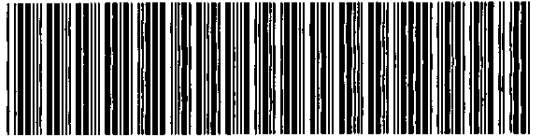
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

[Handwritten signature]
9/17



000135527400

09/16/08--01015--009 **78.75

FILED
2008 SEP 16 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Madison & WESCO Medical, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Kay Alexander
Name (Printed or typed)

1372 N. Killian Dr. Suite F PO Box 530816
Address

Lake Park, FL 33403
City, State & Zip

561-685-6465
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)

FILED
2008 SEP 16 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Madison & WESCO Medical, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

1372 N. Killian Dr. Suite F Lake Park, FL 33403

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Ophthalmic Instrument Sales

ARTICLE IV SHARES

The number of shares of stock is:

10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Kay Alexander 1372 N. Killian Dr Suite F Lake Park, FL 33403 President
Steve Galczynski 6111 Crescent Ave. St. Louis, MO 63139 Vice President
Aileen Alexander 13836 Whispering Lakes Lane Palm Beach Gardens, FL 33418 Secretary

ARTICLE VI REGISTERED AGENT

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

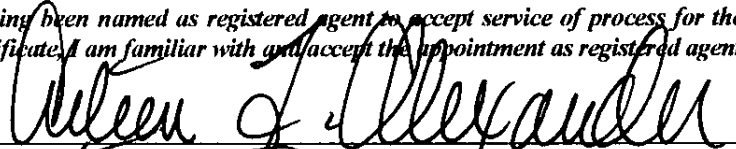
Aileen Alexander 13836 Whispering Lakes Lane Palm Beach Gardens, FL 33418

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Kay Alexander 1372 N. Killian Dr. Suite F PO Box 530816 Lake Park, FL 33403

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

9/15/2008

Date



Signature/Incorporator

9/15/2008

Date