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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6381

From:
Account Name : JOAN HAMILTON, P.A.
Account Number : I20040000006
Phone : (954) 565-9173
Fax Number : (954) 565-3283

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FLORIDA PROFIT/NON PROFIT CORPORATION

MedLine Consulting, Inc.

Certificate of Status	1
Certified Copy	1
Page Count	01
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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:

Medline Consulting, Inc.
1110 W. Oakland Park Blvd. Suite 238
Sunrise, FL 33351-6808

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1110 W. Oakland Park Blvd - Suite 238
Sunrise, FL 33351-6808

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any & All Lawful Business

ARTICLE IV SHARES

The number of shares of stock is:

100 shares @ 1.00 per share

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

MANFRED J. DeForest
11821 NW 39th Pl
Sunrise, FL 33323

DAVID R. Hall
11800 NW 39th Pl
Sunrise, FL 33323

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

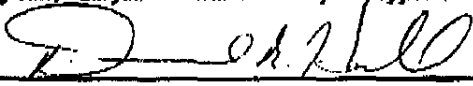
DAVID R. Hall
11800 NW 39th PLACE
Sunrise, FL 33323

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

MANFRED J. DeForest
11821 NW 39th PLACE
Sunrise, FL 33323

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

X 
Signature/Registered Agent

1-27-09
Date

X 
Signature/Incorporator

1-27-09
Date

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