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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

FILED
2009 JAN 29 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

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TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

MedLine Consulting, INC. Suite 238
11110 W. Oakland Park Blvd.
Sunrise Fl-33351-6808

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

11110 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. Defforest
11821 NW 39th Pl
Sunrise, Fl - 33323

David R. Hull
11800 NW 39th Pl
Sunrise, Fl. 33323

ARTICLE VI REGISTERED AGENT

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

David R. Hull
11800 NW 39th Place
Sunrise, Fl - 33323

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Manfred J. Defforest
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 _____ 1-27-09
Signature/Registered Agent — Date

X _____ 1-27-09
Signature/Incorporator — Date

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