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Art Incorporation Serv

13-567531

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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: CSH SERVICES, LLC
Account Number: 120070000160
Phone: (800) 494-3124
Fax Number: (561) 455-9385

APPROVED
AND
FILED
09 MAY - 8 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION

SEABREEZE MEDICAL INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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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:

SEABREEZE MEDICAL INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

9664 EAGLE POINT LANE

LAKE WORTH, FL 33467

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is:

DIRECTOR & PRESIDENT

CAROLYN B. MCKAY

9664 EAGLE POINT LANE

LAKE WORTH, FL 33467

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TALLAHASSEE, FLORIDA

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PAGE 2 SEABREEZE MEDICAL INC.

ARTICLE VI REGISTERED AGENT

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

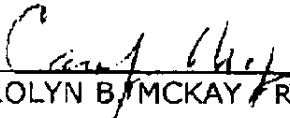
CAROLYN B. MCKAY
9664 EAGLE POINT LANE
LAKE WORTH, FL 33467

ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is:

CAROLYN B. MCKAY
9664 EAGLE POINT LANE
LAKE WORTH, FL 33467

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.


CAROLYN B. MCKAY Registered Agent

5/8/09
Date


CAROLYN B. MCKAY /Incorporator

5/5/09
Date

APPROVED
AND
FILED
09 MAY - 8 PM 2:01
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TALLAHASSEE, FLORIDA

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