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11 OCT 25 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
10/26

COVER LETTER

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

SUBJECT: Perfusion Technology 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

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: Anthony J. Del Rossi MD

Name (Printed or typed)

27 Thatch Palm way

Address

Key Largo, Florida 33037

City, State & Zip

305-433-1357

Daytime Telephone number

ajdelrossi@aol.com

E-mail address: (to be used for future annual report notification)

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Mailing address, if different is:

ARTICLE I NAME Perfusion Technology Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
27 Thatch Palm Way
Key Largo Florida 33037

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To manage the flow of personnel and materiel in industry including but not limited to Medicine and Aviation and for all other legal business

ARTICLE IV SHARES

The number of shares of stock is One

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Anthony J Del Rossi MD President
Address: 27 Thatch Palm Way
Key Largo Florida 33037

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Anthony J Del Rossi MD
Address: 27 Thatch Palm Way
Key Largo Florida 33037

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

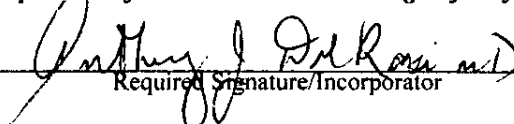
Name: Anthony J Del Rossi MD
Address: 27 THATCH PALM WAY
KEY LARGO FLORIDA 33037

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


Required Signature/Registered Agent

20 Oct 2011
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator

20 OCT 2011
Date