

PI300016261

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

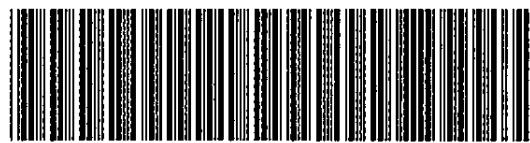
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000244608590

02/18/13--01015--013 **87.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

13 FEB 18 PM12:53

PS 2/19/13

COVER LETTER

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

SUBJECT: Pathogen Management Technologies International, 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 \$78.75
Filing Fee Filing Fee
 & Certificate of Status

\$78.75 \$87.50
Filing Fee Filing Fee,
 & Certified Copy Certified Copy
 & Certificate of & Certificate of
 Status Status

ADDITIONAL COPY REQUIRED

FROM: William E Oneal
Name (Printed or typed)

2006 Blue Heron Drive
Address

Melbourne, FL 32940
City, State & Zip

561-685-4249 800-549-5356
Daytime Telephone number

oneal@clf.rr.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)

ARTICLE I NAME

The name of the corporation shall be: Pathogen Management Technologies International, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3135 Skyway Circle

Melbourne, FL 32934

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To produce and sell table top steam sterilizers to medical dental veterinary

ARTICLE IV SHARES

The number of shares of stock is: 10,000

13 FEB 18 PM12:53
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: William E Oneal

Name and Title: _____

Address: 2006 Blue Heron Circle

Address: _____

Melbourne, FL 32940

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: William E Oneal
 Address: 3135 Skyway Circle
Melbourne, FL 32934

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 FEB 18 PM12:53

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Payson G Kirchhoff Jr
 Address: 12050 Suellen Circle
Wellington, FL 33414

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

William E Oneal

Required Signature/Registered Agent

2 14 2013

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.

Payson G. Kirchhoff Jr.

Required Signature/Incorporator

2 14 2013

Date