

From:

P14000042192

05/12/14

15:13

092 P.0

03

Division of Corporations

Page 1 of 1

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000113177 3)))



H140001131773ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (800)221-2972  
Fax Number : (888)692-9256

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
DISPERSION MEDICAL CORP.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

RECEIVED  
14 MAY 12 PM 4: 51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
14 MAY 12 PM 1: 31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu

Help

5/13/14

From:

05/12/2014 15:16

#092 P.002/003

FILED

14 MAY 12 PM 1:31

ARTICLES OF INCORPORATION  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**  
The name of the corporation shall be: DISPERSION MEDICAL CORP.

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
12006 ROYCE WATERFORD CIRCLE  
TAMPA, FL 33626

Mailing address, if different is:  
12006 ROYCE WATERFORD CIRCLE  
TAMPA, FL 33626

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: to engage in any lawful act or activity for which corporations may be organized.

**ARTICLE IV SHARES**  
The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: LORENZO MASTRANDREA/DIRECTOR Name and Title: \_\_\_\_\_  
Address: 12006 ROYCE WATERFORD CIRCLE Address: \_\_\_\_\_  
TAMPA, FL 33626 Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_ Address: \_\_\_\_\_

From:

05/12/2014 15:17

#092 P.003/003

(cont.)

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: LORENZO MASTRANDREA  
 Address: 12006 ROYCE WATERFORD CIRCLE  
TAMPA, FL 33626

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: LORENZO MASTRANDREA  
 Address: 12006 ROYCE WATERFORD CIRCLE  
TAMPA, FL 33626

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

*Lorenzo Mastrandrea*  
 Required Signature/Registered Agent

5-12-14  
 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.817.153, F.S.

*Lorenzo Mastrandrea*  
 Required Signature/Incorporator

5-12-14  
 Date

FILED  
 14 MAY 12 PM 1:31  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA