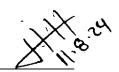
## Florida Department of State



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(((H240003717513)))



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From:

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Account Number : I20030000043

Phone

: (800)342-9856

Fax Number

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### FLORIDA PROFIT/NON PROFIT CORPORATION BOSS MEDICAL, INC

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# H24006 3717573

No. 1392 P. 2

#### ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 6217F.S. (Profit)

ARTICLE I NAME The name of the corporation shall be: BOSS ME	DICAL INC				
ARTICLE II PRINCIPAL OFFICE Principal atreet address	Mailing address, if different is:				
2932 SW 22ND CIR APT B DELRAY BEACH, FL 33445					
		· · · · · · · · · · · · · · · · · · ·			
		· · · · · · · · · · · · · · · · · · ·			
<u>(RTICLE III PURPOSE</u> The purpose for which the corporation is organized is: <u>ANY AN</u>		NESS			
ne purpose for which the corporation is organized is:	TO TICE OF THE DOOR	11200			
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IRTICLE IV SHARES					
he number of shares of stock is: 200	· <del></del>				
	in læ				
RTICLE V INITIAL OF FICERS AND/OR DIRECTORS	i i	• • • • • •			
Name and Title: John Receveur, President	Name and Title:				
Address 2932 SW 22ND CIR APT B	Address:				
DELRAY BEACH, FL 33445	_				
		t t			
Name and Title:	Name and Title:				
Address	Address:				
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H24000 3717573

Name and Title:\_

Required Signature/Incorporator

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Name and	Name and Title:				
Address		_ Address:	—- <u>—-</u>	<u>:</u>	
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.,	SGISTERED AGENT				
e name and Flor	ida street address (P.O. Box NOT acceptable) of	he realstered age	entliś(	•	
•	John Receveur	).	¢ į		
ddress:	2932 SW 22ND CIR APT B	• •	97		
_	DELRAY BEACH, FL 33445	_			
		ta:	5. j	e e e e e e e e e e e e e e e e e e e	
CTICLE VII IN	CORPORATOR	1/41	70		
s <u>name and addr</u>	ess of the Incorporator is:	• *	. •	,	
Name:	LAWRENCE KIRSCH	-		i.	
"Address:	41 STATE STREET SUITE 7	00	in!	• • • • •	
1.5	ALBANY, NY 12207				
plication		-		e	
RTICLE VIII EI	:	. <sup>t</sup> . PTIONAL)	. •		
an effective date	is listed, the date must be specific and cannot	be more than	five days pr	ior or 90 days after the	
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document's effe	ctive date on the Department of State's records.		-		
ving been named tificate, I am fan	as registered agent to accept service of process for illiar with and accept the appointment as registe	the above stated red agent and a	i corporation gree to act l	a at the place designated in the	
	A sex	(c)	; F		
	Required Signature/Registered Agent	<del></del>		11/7/2024 Date	
ibmit this docum	ent and affirm that the facts stated herein are tr pariment of State constitutes a third degree felon	ue. I am awars	that the fals	se information submitted in	

11/7/24

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