

LETTER OF TRANSMITTAL

P95000030015

Secretary of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

800000113-1558
-04/12/95-1173-1558
*****70:12/*****71:13

Re: Sci Medix, Inc.
(name of corporation)

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$127.50. 72.00

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

X Orlando Fernandez
(individual's name)
Orlando Fernandez
Sci Medix Inc
(name of corporation)

MAILING ADDRESS OF CORPORATION

8290 NW 24 St.

Coast Springs FL
33065

PHONE

(305) 340-1843
Area Code Number Ext.

H. SIMS APR 18 1995

ARTICLES OF INCORPORATION

Sci Medix, Inc
(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to conduct corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

Sci Medix Inc.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue Five Hundred shares (500) of one Dollar(s) (\$ 1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The principal office, if known, or the mailing address of the corporation is:

NAME	<u>Sci Medix Inc.</u>		
ADDRESS	<u>8290 NW 24 Street</u>		
CITY	<u>Coral Springs</u>	FLORIDA	ZIP <u>33065</u>

The name and street address of the Initial Registered Agent of this Corporation is:

NAME	<u>Orlando Fernandez</u>		
ADDRESS	<u>8290 NW 24 Street</u>		
CITY	<u>Coral Springs</u>	FLORIDA	ZIP <u>33065</u>

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	<u>Orlando Fernandez</u>		
ADDRESS	<u>8290 NW 24 Street</u>		
CITY	<u>Coral Springs</u>	STATE <u>FL</u>	ZIP <u>33065</u>
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	Orlando Fernandez		
ADDRESS	8290 NW 24 Street		
CITY	Coral Springs	STATE	FL
NAME			
ADDRESS			
CITY		STATE	FL
NAME			
ADDRESS			
CITY		STATE	FL

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 10th day of April, 1995.

Orlando Fernandez
Orlando Fernandez

(Seal)

(Seal)

(Seal)

STATE OF FLORIDA

COUNTY OF Broward) SS

before me, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared

Orlando Fernandez

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, and who acknowledged before me that he executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 10th day of April, 1995.

(Notary Seal)

Vivian U. Mathers
VIVIAN U. MATHERS

My Commission expires:

NOTARY PUBLIC, STATE OF FLORIDA.
MY COMMISSION EXPIRES JULY 1, 1995.
BONDED THAT NOTARY TO THE INCORPORATORS.

BY Orlando Fernandez
WHO HAS PRODUCED AS ID

NS. DL F2718600003542

SEMINOLE MIAMI

CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT
OF

Sci Medix Inc
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation

at 8290 NW 24 Street
Coral Springs FL 33065
has named Orlando Fernandez
located at the aforesaid address, as its Registered Agent to accept service of process
within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above
stated corporation at the place designated in this certificate, and being familiar with
the obligations of that position, I hereby accept to act in this capacity, and agree to
comply with the provisions of Florida Law in keeping open said office.

X Orlando Fernandez
(registered agent)
Orlando Fernandez