

195000043637

TRANSMITTAL LETTER

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

RECEIVED
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA
05 JUN 95 PM 1:47

300001480503
-05/09/95--01063--001
*****70.75 *****70.75

SUBJECT: Q P S Inc.

(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of Incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: Kristian Buus Overbye

Name (printed or typed)

6126 S. E. Riverboat Drive, Unit # 910

Address

Stuart, Florida 34997

City, State & Zip

(407) 221 3109

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

502
671
195-9971



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

May 11, 1995

KRISTIAN BUUS OVERBYE
6126 S.E. RIVERBOAT DR.
UNIT 910
STUART, FL 34997

SUBJECT: Q P S INC.
Ref. Number: W95000009971

We have received your document for Q P S INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6931.

Steven Godfrey
Corporate Specialist

Letter Number: 295A00023937

ARTICLES OF INCORPORATION

FILED
25 JUN -6 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Q P S MEDICAL DISPOSABLE PRODUCTS INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

6126 S. E. Riverboat Drive, Unit # 910
Stuart, FL 34997

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

10 (Ten)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Kristian Buus Overbye
6126 S.E. Riverboat Drive, Unit #910
Stuart, FL 34997

ARTICLE V INCORPORATOR(S)

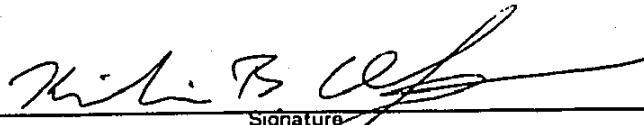
The name(s) and street address(es) of the Incorporator(s) to these Articles of Incorporation is(are):

Kristian Buus Overbye
6126 S. E. Riverboat Drive, Unit #910
Stuart, FL 34997

Erika McLeod
6126 S. E. Riverboat Drive, Unit #910
Stuart, FL 34997

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

FIRST day of MAY, 1995.



Signature



Signature

Signature

Articles of Incorporation
Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Q P S MEDICAL DISPOSABLE PRODUCTS INC.

2. The name and address of the registered agent and office is:

Kristian Buus Overbye

(Name)

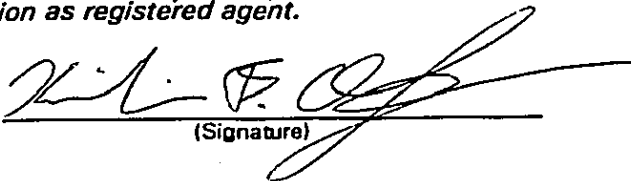
6126 S. E. Riverboat Drive, Unit #910

(P.O. Box or Mail Drop Box **NOT** acceptable)

Stuart, FL 34997

(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Signature)

MAY 1/95
(Date)

95 JUN -8 PM 1:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED