

P9500043682

TRANSMITTAL LETTER

FILED

95 JUN -7 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

800001488828

-05/16/95--01036--001

***122.50, ***122.50

SUBJECT: PARMED, 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: GARY A. PARKS
Name (printed or typed)

3043 ANN COURT
Address

LAND O' LAKES, FLORIDA 34639
City, State & Zip

813-996-5823
Daytime Telephone number

789,135,706,671
W/95-10560

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

B. BROWN JUN - 7 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

May 18, 1995

GARY A. PARKS
3043 ANN COURT
LAND O'LAKES, FL 34639

SUBJECT: PARMED, INC.
Ref. Number: W95000010560

We have received your document for PARMED, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for microfilming.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours. 813-996-5823

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) 487-6972.

Doris Brown
Document Specialist

Letter Number: 695A00025512

ARTICLES OF INCORPORATION

FILED
95 JUN -7 AM 10:20
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: **PARMED, INC.**

ARTICLE II PRINCIPAL OFFICE

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

3043 ANN COURT
LAND O' LAND O' LAKES
FLORIDA 34639

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
1,000 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: **BARBARA P. PARKS**
3043 ANN COURT
LAND O' LAKES
FLORIDA 34639

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

GARY A. & BARBARA P. PARKS
3043 ANN COURT
LAND O' LAKES, FLORIDA
34639

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

10th day of MAY, 19 95.

Gary A. Parks

Signature

Barbara P. Parks

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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:

PARMED, INC.

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

BARBARA P. PARKS, V.P.

(NAME)

3043 ANN COURT

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

LAND O' LAKES, FLORIDA 34639

(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.

Barbara P. Parks
(SIGNATURE)

5/10/95
(DATE)