

P95000058012

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

July 21, 1995

Subject: NOVA MEDICAL CORPORATION

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-07/25/95--01092--007
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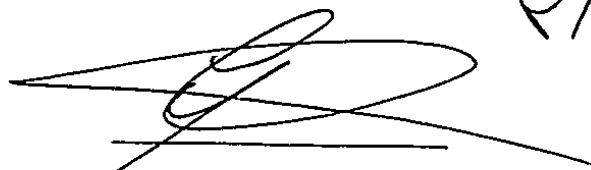
Enclosed please find an original and one (1) copy for the
articles of Incorporation , and our check for \$ 122.56 .

From : GREGORY J. LEWIS
4331 S.W. 2 nd COURT
PLANTATION, FLORIDA 33317
305 - 797 - 6801

FILED
95 JUL 25 PM 9:08
STATE
TALLAHASSEE, FLORIDA

Please file the articles and return the copy, stamped with
filing date and time to this office at your earliest convenience.
Thank You.

Very truly Yours ,



GREGORY J. LEWIS

SR 2795
1007
1/27/95

ARTICLES OF INCORPORATION
OF

FILED

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NOVA MEDICAL CORPORATION

The undersigned, being of legal age, does hereby form a corporation under the laws of the State of Florida, authorizing the formation of corporations.

ARTICLE I

The name of this Corporation shall be:

NOVA MEDICAL CORPORATION

ARTICLE II

GENERAL NATURE OF BUSINESS

This corporation is organized for the following purposes:

1. For the purpose of transacting any or all lawful business, and for the marketing and sale of pharmaceutical products.

ARTICLE III

CAPITAL STOCK

The capital stock of this Corporation shall be:

2,000,000. Shares of Common Stock par value \$ 0.0005

All of said stock shall be payable in cash, property, real or personal, labor or services in lieu of cash, at a just valuation to be fixed by the Board of Directors of this Corporation.

All common stock of this Corporation shall be issued pursuant to Section 1244 of the Internal Revenue Code of 1954 as amended.

ARTICLE IV

CAPITAL TO BEGIN BUSINESS

The amount of capital with which this Corporation shall commence business shall be not less than Five Hundred (\$500.00) Dollars.

ARTICLE V

CORPORATE EXISTENCE

Corporated existence shall begin at the time of subscription and acknowledgment of this Certificate, except that in the event this Certificate is not filed with the Department of State within five (5) days, exclusive of legal holidays, after subscription and acknowledgment hereof, corporate existence shall begin when this Certificate is filed with the Department of State. This Corporation shall exist perpetually, unless sooner dissolved according to law.

ARTICLE VI

PRINCIPAL PLACE OF BUSINESS AND RESIDENT AGENT

The principal place of business of said Corporation shall be at:

4331 S.W. 2 nd Court, Plantation , Florida 33317

This Corporation shall have the privilege of having branch offices at other places within or without the State of Florida.

The Resident Agent of this Corporation is:

ARTICLE VII
NUMBER OF DIRECTORS

The number of Directors of this Corporation shall be not less than one (1) nor more than nine (9).

ARTICLE VIII
DIRECTORS

The name and street address of each member of the first Board of Directors of this Corporation who shall hold office for the first year or until their successors are chosen shall be:

NAME

ADDRESS

Gregory J. Lewis, 4331 S.W. 2 nd Court, Plantation, Florida 33317

ARTICLE IX
SUBSCRIBERS

The name and street address of each person signing this Certificate of Incorporation as a subscriber, and the number of shares of stock subscribed are:

NAME

ADDRESS

Gregory J Lewis, 4331 S.W. 2 nd Court, Plantation ,Florida 33317

The stockholders agree to pay not less than par value for each share of stock.

The proceeds of the stock subscribed for will be at least as much as the amount necessary to begin business.

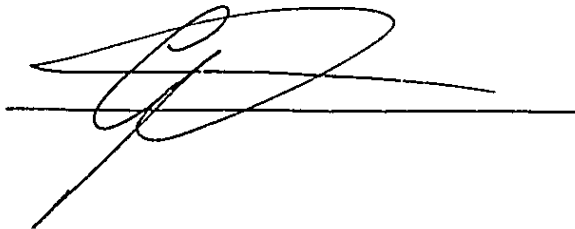
ARTICLE X
AMENDMENT

This corporation reserves the right to amend, alter, change or repeal any provisions contained in this Certificate of Incorporation, in the manner now or hereafter prescribed by statute.

The Directors of this Corporation shall have the power to make or amend the By-Laws and to fix any amount to be reserved for working capital.

The private property of the stockholders shall not be subject to the payment of the corporate debts in any extent whatever. The Corporation shall have a first lien on the shares of its members and upon the dividends due to them for any indebtedness of such members of the Corporation.


IN WITNESS WHEREOF, the undersigned, for the purpose of forming a corporation to do business both within and without the State of Florida, under the laws of Florida, do make and file this Certificate, hereby declaring and certifying that the facts herein stated are true, and do agree to take the number of shares hereinabove set forth, and hereunto set our hands and seal this 22nd day of July 19 95



STATE OF FLORIDA
COUNTY OF BROWARD

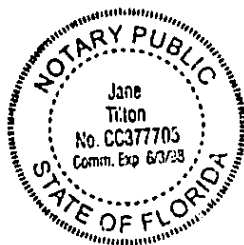
I hereby certify that on this day, before me, a Notary Public duly authorized in the state and county named above to take acknowledgements, personally appeared GREGORY J. LEWIS, the party to the foregoing Certificate of Incorporation, known to me personally to be such, and I have first made known to him the contents of said Certificate, he did acknowledge that he signed, sealed and delivered the same as his act and deed, and deposed that the facts therein stated were truly set forth.

WITNESS my hand and official seal, this 22nd day of July 19 95



NOTARY PUBLIC

My Commission Expires:



CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 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: NOVA MEDICAL CORPORATION

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

GREGORY J. LEWIS

(NAME)

4331 S.W. 2 nd COURT

(P.O. BOX NOT ACCEPTABLE)

PLANTATION , FLORIDA 33317

(CITY/STATE/ZIP)

95 JUL 25 PM 9:08
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

FILED

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 

DATE July 22, 1995

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 DEC 10 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000058012

1. Corporation Name

NOVA MEDICAL CORPORATION



REINSTATEMENT 96

Principal Place of Business

Mailing Address

~~4331 S.W. 2ND COURT~~
~~PLANTATION FL 33317~~

~~4331 S.W. 2ND COURT~~
~~PLANTATION FL 33317~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

07/25/1995

5. FEI Number

65-0602604

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

Suite, Apt. #, etc.

3700 N.W. 16th Street

City & State

Ft. Lauderdale, FL

Zip

33311 U.S.

Suite, Apt. #, etc.

3730 N.W. 16th Street

City & State

Ft. Lauderdale, FL

Zip

33311 U.S.

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

(Do NOT Use Post Office Box Numbers)

City / State / Zip

D LEWIS, GREGORY J

~~4331 S.W. COURT~~

3730 N.W. 16th Street

~~PLANTATION FL 33317~~

Ft. Lauderdale, FL 33311

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-12/12/96-01095-011

***383.75 ***383.75

8. Name and Address of Current Registered Agent

9. Name and Address of Now Registered Agent

LEWIS, GREGORY J

~~4331 S.W. 2ND COURT~~
~~PLANTATION FL 33317~~

Name

Street Address (P.O. Box Number is Not Acceptable)

3730 N.W. 16th Street

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33311

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 12.6.96

Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12.6.96

Daytime Phone #

CR2E040 (7/95)