

P96000001914
TRANSMITTAL LETTER

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

200001676842
-01/03/96--01063--008
****131.25 ****131.25

SUBJECT: Punkadelic Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of Incorporation ^{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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

96 JAN -2 PM 12:49

FILED

1-8-96



FROM: Humberto Hernandez
Name (printed or typed)
1000 West Ave. Apt. 1629
Address
M.B. FL. 33139
City, State & Zip
305 534 0762
Daytime Telephone number

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

ARTICLES OF INCORPORATION

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.

FILED
96 JAN -2 PM 4:49
SECRETARY OF STATE
TALLAHASSEE
FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Punkadelic Inc.

ARTICLE II PRINCIPAL OFFICE

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

1000 West Ave. Apt. 1629
M.D. FL. 33139

ARTICLE III SHARES

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

100 shares of common stock which shall have a
value of \$1.00 per share

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Humberto Hernandez
1000 West Ave. Apt. 1629
M.D. FL. 33139

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

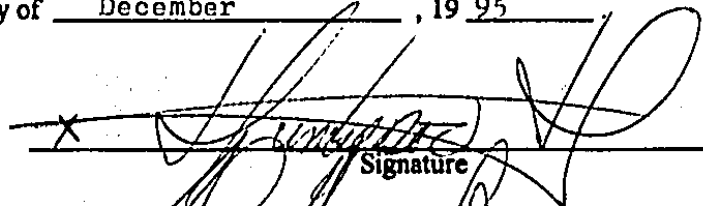
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Ariel Hernandez
1000 West Ave. Apt 1629
M.B. FL. 33139

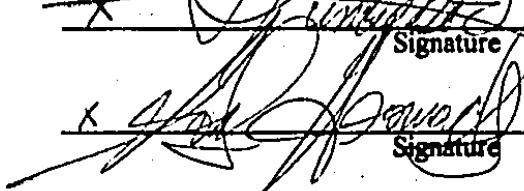
Humberto Hernandez
1000 West Ave. Apt. 1629
M.B. FL. 33139

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

24 day of December, 19 95



Signature



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.

SECRET
TALLAHASSEE, FLORIDA
96 JAN 23 12:49

1. The name of the corporation is: Punkadelic Inc.

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

Humberto Hernandez

(NAME)

1000 West Ave. Apt. 1629

M.B. FL. 33139

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

(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)

12-26-95
(DATE)

LAZARDUS CORPORATE INVESTMENTS, INC.

(Requestor's Name)

890 S.W. 87 AVENUE, SUITE: 16

(Address)

MIAMI, FLORIDA 33174 (305)552-5973

(City, State, Zip)

(Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

(904)385-6715

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Three Brothers Medical Equipment, Inc.
(Corporation Name) (Document #)

2. _____ (Corporation Name) (Document #)

3. _____ (Corporation Name) (Document #)

4. _____ (Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00 ☒ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS		AMENDMENTS	
<input checked="" type="checkbox"/> Profit			Amendment
<input type="checkbox"/> NonProfit			Resignation of R.A., Officer/Director
<input type="checkbox"/> Limited Liability			Change of Registered Agent
<input type="checkbox"/> Domestication			Dissolution/Withdrawal
<input type="checkbox"/> Other			Merger

OTHER FILINGS		REGISTRATION/QUALIFICATION	
<input type="checkbox"/> Annual Report			Foreign
<input type="checkbox"/> Fictitious Name			Limited Partnership
<input type="checkbox"/> Name Reservation			Reinstatement
			Trademark
			Other

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***122.50 ***122.50

Examiner's Initials

01/8/96