

TRANSMITTAL LETTER

P96 00000 9624

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

SUBJECT: MEDICAL PACKAGE SYSTEMS INC
(Proposed corporate name - must include suffix)

300001700098
-01/29/96--01040--006
*****70.00 *****70.00

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

☒ \$70.00 ☐ \$78.75 ☐ \$122.50 ☐ \$131.25

FROM: SUNDER M. GEHI
Name (printed or typed)
4321 Middle Lake Dr
Address
Tampa, FL-33624
City, State & Zip
(813)968-9118
Daytime Telephone number

FILED
96 JAN 29 AM 10:53
TALLAHASSEE, FLORIDA

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

ARTICLES OF INCORPORATION

OF

MEDICAL PACKAGE SYSTEMS INC

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:

MEDICAL PACKAGE SYSTEMS INC

ARTICLE II PRINCIPAL OFFICE

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

4321 Middle Lake Dr, tampa, FL-33624

ARTICLE III SHARES

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

Two Hundred

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Sunder M.Gehi 4321 Middle Lake Dr, Tampa, FL-33624

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ARTICLE V INCORPORATOR(S)

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

Sunder M. Gehl

4321 Middle Lake Dr, Tampa, FL-33624

William D. Fylstra

"

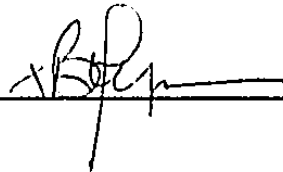
"

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

25th day of January, 1996.



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: MEDICAL PACKAGE SYSTEMS INC

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

Sunder M. Gehl

(Name)

4321 Middle Lake Dr

(P.O. Box not acceptable)

Tampa, FL 33624

(City/State/Zip)

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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.

Sunder Gehl

(Signature)