

P960000021129

TRANSMITTAL LETTER

8000017323918
-03/05/96--01051--018
****122.50 ****122.50

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

SUBJECT: CATIA MEDICAL PRODUCTS, 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

FROM: Domingo Hernandez
Name (Printed or typed)
1305 West 39th Place
Address
Hialeah, Fla. 33012
City, State & Zip
305 - 885-6953
Daytime Telephone number

FILED
96 MAR -4 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dear sir/Madam:

Please mail me the correspondence to the above address. Thank you.

Domingo Hernandez
Domingo Hernandez

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

ARTICLES OF INCORPORATION

OF
CATIA MEDICAL PRODUCTS, INC.
1100 W. 29th St. Suite H
Hialeah, Fla. 33012

FILED
96 MAR -4 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I NAME

The name of the corporation shall be:

CATIA MEDICAL PRODUCTS, INC.

The principal place of business of this corporation shall be:

1100 West 29th St., Suite "H"
Hialeah, Florida, 33012

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

FIVE HUNDRED (500) SHARES Par value \$ 1.00 Each Share

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is (are):

RALPH PALAZON President 1100 W. 29 St. Suite "H"
Hialeah, Fla. 33012

ARTICLES VI INCORPORATOR(S)

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

RALPH PALAZON President 1100 W. 29th St. Suite " H "
Hialeah, Fla. 33012

IN WITNESS WHEREOF, the undersigned incorporator(s) has have executed these Articles of Incorporation this 25th day of January, 19 96.

Signature(s) of Incorporator(s)

Ralph Palazon
Ralph Palazon

STATE OF FLORIDA
COUNTY OF DADE

THE FOREGOING instrument was acknowledged and sworn to before me this 25th day of January, 19 96, by RALPH PALAZON,
(Name of Incorporator)

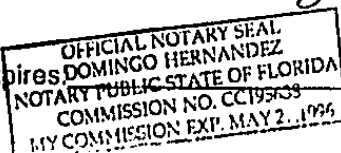
of CATIA MEDICAL PRODUCTS, INC.

(Name of Corporation)

Domingo Hernandez
Notary Public State of Florida

(SEAL)

My Commission Expires



ARTICLES OF INCORPORATION FILING FEE:

**CERTIFICATE DESIGNATING
REGISTERED AGENT/REGISTERED OFFICE**

FILED
36 MAR -4 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of Section 607.325, 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: CATIA MEDICAL PRODUCTS, INC.

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

RALPH PALAZON

1100 West 29th St., Suite "H"

(P. O. BOX NOT ACCEPTABLE)

Hialeah, Florida, 33012

(CITY/STATE/ZIP)

SIGNATURE Ralph Palazon
Ralph Palazon

(Corporate Officer)

TITLE President

DATE January 25, 1996

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE Ralph Palazon
Ralph Palazon

(Registered Agent)

DATE January 25, 1996

REGISTERED AGENT FILING FEE: