# PAIOOOO38/13

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

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AL MAY - 2 1996

Enclos	sed is an origins	al and one (1) c	opy of the articles o	f incorporation	and a check	
	Filing Fee	Filing Fee & Certificate	Filing Fee & Certified Copy Additional Copy	Filing Fee, Certified Copy & Certificate	TALLS SE	
	FROM:	FO NO COMM				
		3417 Fallview CT. Address			M 2: 23	٠,
		Land O	Lakes Fl	34639	<b>F</b>	
		(813) Daytim	-996-528 Telephone number	7		

(Proposed corporate name - must include suffix)

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 hjorida Bu Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLEI NAME

The name of the corporation shall be:

Calumet Therapeutics INC.

### PRINCIPAL OFFICE

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

P.O. Box 82218 Tampa, FL. 33682

#### ARTICLE III **SHARES**

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

100

INITIAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent is:

> Laurence G. Biggs 3417 Fallview Ct. hand 0' Lakes, FL. 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):

Laurence G. Biggs 3417 Fallview CF hand O' Lakes, FL. 34639

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

17 day of April . 19 96.

(An additional article must be added if an effective date is requested.)

Signature Signature

Signature

# Notarization is not required

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:	Calumet Therapeu	lies Inc.
2.	The name and address of the regis	stered agent and office is:	
	Laurens	e G. Biggs	ACC SEP
	3417 F.O. Bo	ox or Mail Drop Box NOT ACCEPTABLE)	(2) (3) (manu
	Land 01 L	(CITY/STATE/ZIP) 34639	FR 3: 23

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) 4/12/9/