

P96000058175

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 8327
Tallahassee, FL 32314

700001843327
-05/29/96--01137--001
*****78.75 *****78.75

SUBJECT: Medicom 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

Additional Copy Required

FROM: Konstantin Smolenko
Name (printed or typed)
3798 Matheson Avenue
Address
Miami, Florida 33133
City, State & Zip
(305) 669-0267
Daytime Telephone number

96 JUL 14 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

GB 7/11/96



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

FILED

96 JUL 11 AM 11:27

SECRETARY OF STATE
TALLAHASSEE FLORIDA

June 4, 1996

KONSTANTIN SMOLENKO
3798 MATHESON AVE
MIAMI, FL 33133

SUBJECT: MEDICOM INC.
Ref. Number: W96000011725

We have received your document for MEDICOM INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6931.

Garrett Blanton
Document Specialist

Letter Number: 496A00027802

ARTICLES OF INCORPORATION

FILED

96 JUN 11 AM 11:27

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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:

AMROS MEDICOM, Inc.

ARTICLE II PRINCIPAL OFFICE

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

3798 Matheson Avenue
Miami, Florida 33133

ARTICLE III SHARES

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

200 (Two Hundred)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Konstantin Smolenko
3798 Matheson Avenue
Miami, Florida 33133

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):

Konstantin Smolenko
3798 Matheson Avenue
Miami, Florida 33133

Kurzanov Anatoly
4 Sedin Street
Krasnodar, Russia 350640

Durleshter Vladimir
1 May Street
Krasnodar, Russia 350640

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

3rd day of July, 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.

FILED

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

96 JUL 11 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: AMROS Medicom, Inc.

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

Konstantin Smolenko
(NAME)

3798 Matheson Avenue
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Miami, Florida 33133
(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)

07.03.96
(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314