## P96000066943

#### TRANSMITTAL LETTER

TRANSPLANT DISCOUNT ENTERPRISES.

(Proposed corporate name - must include suffix)

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

SUBJECT: \_

200001911172 -08/02/95--01019--009 \*\*\*\*\*78.75 \*\*\*\*\*79.75

for:	### \$70.00 Filing Fee	X \$78.75 Filing Fee & Certificate	#122.50 Filing Fee & Certified Copy  Additional Cop	filing Fee, Certified Copy & Certificate y Required	GREIJAY OF STA Lahassee, flor	AUG 12 PH 4: C	
	FROM:	Phyllis E. Geller Name (printed or typed)  19195 Mystic Pte Dr., #407			: 06 ORIDA		
٠.			Address  Florida 33180 ity, State & Zip		W96:	161	76
		305 931 30	612 • Telephone number				

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



# FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DR #407

August 2, 1996

PHYLLIS E. GELLER 19195 MYSTIC POINTE DR #407 AVENTURA, FL 33180

SUBJECT: TRANSPLANT DISCOUNT ENTERPRISES, 1990. INC.

Ref. Number: W96000016176

We have received your document for TRANSPLANT DISCOUNT ENTERPRISES, LTD. 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 corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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) 487-6923.

Corrected from Ltd. to INC.

Doris McDuffie Corporate Specialist Supervisor

Letter Number: 896A00037019

#### ARTICLES OF INCORPORATION

SE AUG 12 PH 4: 06

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

#### ARTICLE I NAME

The name of the corporation shall be:

TRANSPLANT DISCOUNT ENTERPRISES, E.INC.

#### ARTICLE II PRINCIPAL OFFICE

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

19195 Mystic Pte Dr., #407 Aventura, Florida 33180

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
-100-

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

Cicely Byer Dorfman 19101 Mystic Pte Dr., #704 Aventura, Florida 33180

#### 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):

Phyllis E. Collor 19195 Mystic Pto Dr., #407 Aventura, Florida 33180

Cicely Byor Dorfman 19101 Mystic Ptc Dr., #704 Aventura, Florida 33180

The undersigned in	corporator(s) has(l	have) executed these Ar	ticles of Incorpor	ration th
7th day of	July	, 19 <u>96 .</u>		
(An additional artic	le must be added i	f an effective date is req	uested.)	
_	@ 2	બ. 00. Signature	*	
		Signature Signature	<u>u</u>	
	1 70	Signature		
-		Signature	4 5 2 5	5.5

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

FILED 96 AUG 12 PII 14 06

PURSUANT TO THE PERFEISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE STATE OF LORIDA UNDER SIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF LORIDA FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

. 1,	The name of the corporation is:	TRANSPLANT DISCOUNT ENTERPRISES, BOTTEC,		
2.	The name and address of the regis	red agent and office is:		
	Cicaly By	er Dorfman (NAME)		
	19101 Mys (P.O. Bo	tic Pto Dr., #704 x or Mail Drop Box NOT ACCEPTABLE)		
		Florida 33180 (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.

d'cely Byer Marfonan 7/7/96
(SIGNATURE) (DATE)