

P96000070812

TRANSMITTAL LETTER

FILED

96 AUG 22 PM 1:26

TALLAHASSEE, FLORIDA

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

SUBJECT: HERMES MEDICAL DISTRIBUTION CORP.  
(Proposed corporate name - must include suffix)

700001929377  
-08/22/96--01023--016  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

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: IRA M. GOLDSMITH  
Name (printed or typed)

401 Golden Isles Dr. #513  
Address

Hallandale, FL. 33009  
City, State & Zip

(954) 454-9893  
Daytime Telephone number

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

826-96

## ARTICLES OF INCORPORATION

FILED  
96 AUG 22 PM 1:24  
SECRET  
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:

HERMES MEDICAL DISTRIBUTION CORP.

### ARTICLE II PRINCIPAL OFFICE

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

10100 W. SAMPLE RD. #304  
CORAL SPRINGS, FL 33065

### ARTICLE III SHARES

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

1,000

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

IRA M. GOLDSMITH  
10100 W. SAMPLE RD. #304  
CORAL SPRINGS, FL 33065

**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):


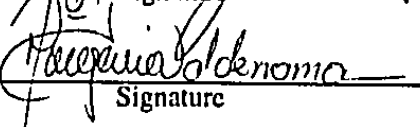
IRA M. GOLDSMITH  
10100 W. SAMPLE RD. #304  
CORAL SPRINGS, FL 33065

MARIA VALDERRAMA  
10100 W. SAMPLE RD. #304  
CORAL SPRINGS, FL 33065

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

19th day of August, 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.

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TALLAHASSEE  
FLORIDA

1. The name of the corporation is: HERMES MEDICAL DISTRIBUTION CORP.

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

IRA M. GOLDSMITH  
(NAME)

10100 W. SAMPLE RD. #304  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

CORAL SPRINGS, FL 33065  
(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.*

*Ira M. Goldsmith*  
(SIGNATURE)

8-19-96  
(DATE)

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