# A960000076517

### TRANSMITTAL LETTER

Department of State Division of Corporation P. O. Box 6327 Tallehassee, FL 32314			; :1	մասինայն 1 Պետ (Վ.1389) Էլիան առաջինին հայտա
SUBJECT:	5 Medical -	I morporated  I morporated  I must include suffixi	i.i. ∳·	한 등에 한테로 ((* 1951년 (* 1951년 (* 1951년 (* 1 9 * * * 1951년 (* 1951년 (* 1951년 (* 1951년 (
Enclosed is an origina for : \$70.00 Filing Fee	I and one (1) co \$78.75 Filing Fee & Certificate	Filing Fee Fill & Certified Copy Cert	\$131.25 ling Fee, tified Copy Cortificate	nd a check
FROM:	Cynthia L. Jarus Name (printed or typed) 5208 Albert Road			7 0 3 3 3
	Fruitland Cir (352) 365	y, State & Žip	<u> 34731</u>	
Daytime Telephone number				ar-17524

SEP 1 3 1996.

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



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

August 21, 1996

CYNTHIA L. JAROS 5208 ALBERT ROAD FRUITLAND PARK, FL 34731

SUBJECT: TRANSMEDICAL INCORPORATED

Ref. Number: W96000017524

We have received your document for TRANSMEDICAL INCORPORATED 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 entity name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved entity. Names of administratively dissolved entities are not available for one year from the date of administrative dissolution unless the dissolved entity provides the Department of State with a notarized affidavit executed as required by section 607.0120, 617.01201, 608.5135 or 608.4482 Florida Statutes, permitting the immediate assumption or use of the name by another entity.

Simply adding "of Florida" or "Florida" to the end of a name does not constitute a difference.

When the document is resubmitted, please return a copy of this letter to ensure proper handling.

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

The document must state the number of shares of authorized stock.

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) 487-6928.

Agnes Lunt Corporate Specialist

Letter Number: 896A00039729

#### ARTICLES OF INCORPORATION

28 STD 13 311 61 31

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 1 NAME

The name of the corporation shall be:

MiniScribe , Incorporated

ARTICLE II PRINCIPAL OFFICE

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

Principal office: 5208 Albert Road, Fruitland Park 34731

Mailing address: P.O. Box 490221, Leesburg, Fl. 34749

ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Cynthia L. Jaros 5208 Albert Road Fruitland Park, Fl. 34731

#### 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):

Cynthia L. Jaros 5208 Albert Road Fruitiand Park, Fl. 34731

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this
12 day of August 19 9Cp.
(An additional article must be added if an effective date is requested.)
Cipotin & Jaros 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:			
	_	Mini5cribe	, Incorporate	2
2. The name and ac	Idress of the register	ed agent and office is:		
			ω <sup>†</sup>	Ş
	<u>Cynthia L</u>	. Jaros (Name)	·	552 1
	5208 Albert Ro (P.O. Box or	oad r Mail Drop Box <u>NOT</u> Accer	rable)	 نن
	Fruitland Park	(CITY/STATE/ZIP)		· · ·
corporation at the p agent and agree to c relating to the prope	lace designated in thact act in this capacity.	nis certificate, I hereby a I further agree to compl prmance of my duties, an	e of process for the above si ecept the appointment as regist ly with the provisions of all stat d I am familiar with and accep	ered tutes
Cip tho	onol k		8/12/96	