

P96000080807

TRANSMITTAL LETTER

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

SUBJECT: IDENTIFICATION MEDICAL LABELS INC.  
(Proposed corporate name - must include suffix)

800001959088  
-09/27/96--01051--015  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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: TRINIDAD G. DEMAN  
Name (printed or typed)

16791 S.E. HWY 42

Address

Weirsdale, Florida 32195-2629

City, State & Zip

(352)821-0376

Daytime Telephone number

FILED  
96 SEP 27 PM 2:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

1 8. REGISTER SEP 30 1996

## ARTICLES OF INCORPORATION

*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:

IDENTIFICATION MEDICAL LABELS INC.

### ARTICLE II PRINCIPAL OFFICE

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

16791 S.E. HWY 42  
WEIRSDALE, FLORIDA 32195-2629

MARION COUNTY

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 500 shares of one cent (.01) par value  
(Five Hundred)

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

TRINIDAD G. DEMAN  
16791 S.E. HWY 42  
WEIRSDALE, FLORIDA 32195-2629

FILED  
96 SEP 21 PM 2:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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):

TRINIDAD G. DEMAN 16791 S.E. HWY 42 WEIRSDALE, FLORIDA 32195-2629

DENISE L. COPELAND 16791 S.E. HWY 42 WEIRSDALE, FLORIDA 32195-2629

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

23rd day of September, 19 96.

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

Trinidad G. Deman  
Signature

Denise L. Copeland  
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: IDENTIFICATION MEDICAL LABELS INC.

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

TRINIDAD G. DEMAN  
(NAME)

16791 S.E. HWY 42  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

WEIRSDALE, FLORIDA 32195-2629  
(CITY/STATE/ZIP)

FILED  
96 SEP 21 PM 2:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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.*

Trinidad G. Deman  
(SIGNATURE)

9-23-96  
(DATE)