TRANSMITTAL LETTER

P97000018699

(NO SPACE ONE WORD)

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

SUBJECT: BIOLINE FLORIDA, INC.
(Proposed corporate name - must include suffix)

200002095952--2
-02/24/97--01129--009
*****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: KURT WENTER
Name (Printed or typed)

800 S. FEDERAL HIGHWAY, STE.
Address

HOLLYWOOD, FL 33020-5438
City, State & Zip

954-925-7724 OR 954-452-7451
Daytime Telephone number

FILED
97 FEB 24 AM 9:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA

2/28

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

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.

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97 FEB 24 AM 9:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

BIOLINE FLORIDA, INC.

ARTICLE II PRINCIPAL OFFICE

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

800 S. FEDERAL HIGHWAY, STE. C
HOLLYWOOD, FL 33020-5438

ARTICLE III SHARES

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

200 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

WOLFGANG CERNOCH
800 S. FEDERAL HIGHWAY, STE. C
HOLLYWOOD, FL 33020-5438

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):

KURT WENTER
2649 SW 73Rd WAY
DAVIE, FL 33314

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

27 day of JANUARY, 19 97.

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

X _____
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

BIOLINE FLORIDA, INC.

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

WOLFGANG CERNOCH
(NAME)

800 S FEDERAL HIGHWAY, STE C
(P. O. Box or Mail Drop Box NOT ACCEPTABLE)

HOLLYWOOD, FL 33020-5438
(CITY/STATE/ZIP)

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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.

Wolfgang Cernoch
(SIGNATURE)

1-27-97
(DATE)

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