

P97000037279

TRANSMITTAL LETTER

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

SUBJECT: SLEEP DIAGNOSTICS, INC.

(Proposed corporate name - must include suffix)

600002109866--4

-03/11/97--01061--002

*****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: J & J BUSINESS SERVICES OF MI, INC.
Name (printed or typed)

7743 W. GRAND RIVER SUITE 8
Address

BRIGHTON, MI 48116
City, State & Zip

(810) 229-2020
Daytime Telephone number

FILED
97 APR 23 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 18 11:55 AM BSB

W97-6221

(502)

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



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

March 18, 1997

J & J BUSINESS SERVICES OF MI, INC.
7743 W. GRAND RIVER
SUITE 8
BRIGHTON, MI 48116

SUBJECT: SLEEP DIAGNOSTICS, INC.
Ref. Number: W9700006221

We have received your document for SLEEP DIAGNOSTICS, INC. and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

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

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) 487-6925.

Brenda Baker
Corporate Specialist

Letter Number: 897A00013551

ARTICLES OF INCORPORATION

FILED

97 APR 23 PM 2:05

SECRETARY OF STATE
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:

APNEA DIAGNOSTICS INC.

ARTICLE II PRINCIPAL OFFICE

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

**8805 VILLAGE MILL ROW
BAYONETT, FL 34667**

ARTICLE III SHARES

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

50,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**JULIE KINGEN
8805 VILLAGE MILL ROW
BAYONETT, FL 34667**

FILING FEE: \$70.00

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):

**JULIE KINGEN
8805 VILLAGE MILL ROW
BAYONETT, FL 34667**

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

18 day of FEBRUARY, 1997.

Julie A. Kingen
Signature

Signature

Signature

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 or 617.0501, 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: ARNEA DIAGNOSTICS, INC.

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

JULIE KINGEN
(Name)

8805 VILLAGE MILL ROW
(P.O. Box not acceptable)

BAYONETT, FL 34667
(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.

Julie A. Kingen
(Signature)

2-18-97
(Date)

FILED
97 APR 23 PM 2:06
STATE
TALLAHASSEE, FLORIDA