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TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314		•	600	00021934868 -05/28/9701075004 *****78.75 *****78.75
(Pro	NO SPACE	ame • must include suf	f incorporation a \$131.25 Filing Fee, Certified Copy & Certificate	FILED 97 MAY 28 MI 10: 21 CLUGGIA SECRETALIO CON INCLUSION CENTRO CON a checo and a
FROM: WICHAEL BARNES, ESQ. 513 Whitehead Street P. O. Box 1777 Key West, Florida 33041	Name 513 WHT [CC4 CH (305)	printed M. C. B. B. S. S. Whitele S. S. S. Whitele S. C. B. S. B. West, F. Address C. S. F. C. S. State & Zip 296-529	ARNES, ESQ. nead Street ox 1777 lorida 33041	

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

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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:

MedLaw, Inc.

ARTICLE II PRINCIPAL OFFICE

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

513 WHITEHERD Stead KEY WEST, FL 33040

ARTICLE III SHARES

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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

MICHAEL R. BARNES 513 WHITEHERD ST KRY WEST ,FL 33040



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):

MICHAEL R. BARNES 513 WHITEHEAD ST KEY WEST, FL 33040

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: Medlow fix.	PitAL" L"
MICHARL 12. BARNES	Pital" L"
(NAME)	
(NAME)	
513 WHITE HEAD STREET	
(P.O. Box of Mail Drop Box NOT ACCEPTABLE)	
1 CEY WEST FL. 33040	
(CITY/STATE/ZIP)	

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.

(Signature) - 5/27/97 (Date)