P97000087833

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

SUBJECT:	(Proposed co	porate name - must include	e suffix)	
		0	000023 1 7 -10/10/97 ******78.75	7010 3 -01019002 -*****78.75
Enclosed is an original ar	nd one(1) copy of the articles	s of incorporation and a c	check for :	7
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	☐ \$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM: Smona Caldaras HARRY SMR TO TAKE TO THE PROPERTY OF THE				
\mathcal{E}	20.80x	936115 Address	OF STATE	FM 3: 04
v 1	Yargate div.	FL. 3300 State & Zip	93	_
	954) 917-0 Daytime 7	464 Telephone number		
Pro/10/97				

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

ARTICLES OF INCORPORATION

FILED 970CT 10 PM 3:04

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTI	CLE I	NAME
PERMIT	0.1	. •

The name of the corporation shall be:

Sim Med System, Inc.

ARTICLE	II	PRINCIPAL OFFICE

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

6007 N.W. 13+3+

Rargate, FL. 33063

Rargate, FL. 33063 Margate, FL. 33093

ARTICLE III SHARES

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

SOO

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Simona Caldaras 6007 N.W. 125t. Margate, FL. 33063

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Simona Caldaras

6007 N. W 125t Hargate, FL. 33063

Signature/Incorporator

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

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

Signature/Registered Agent