TRANSMITTAL LETTER Department of State Division of Corporation P. O. Box 6347 Tallahassee, FL 32314

SUMED INT'L INC.
(Proposed corporate name - must include suffix) SUBJECT:

000002330420

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 **3** \$131.25

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: JENNY WUCHER

Name (Printed or typed)

4820 NW 20th PL

COCONUT CREEK, FL 33063

954-370-5759

Daytime Telephone number

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

ARTICLES OF INCORPORATION

<u>OF</u>

SUMED INT'L INC.

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

ARTICLE I NAME

The name of the corporation shall be:

SUMED INT'L INC.

ARTICLE II PRINCIPAL OFFICE

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

4820 NW 20th PL COCONUT CREEK, FL 33063

ARTICLE III SHARES

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

100 OF \$ 1.00 EACH

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent are:

Jenny Wucher 4820 NW 20th PL COCONUT CREEK, FL 33063

ARTICLE V INCORPORATOR

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

Jenny Wucher 4820 NW 20th PL COCONUT CREEK, FL 33063

Signature/Incorporator Date

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

FILED

97 OCT 27 PH 4 I

SECRETARY OF STATE
ALLAHASSEE FLORIN