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

BOC MCO, Inc.
(Proposed corporate name - must include suffix)

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

\$131.25

Filing Fee & Certified Copy Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

Angie McDonald

Name (Printed or typed)

101 E altomonte Drive apt 834

altomorte Springs Florida 32701

407 Z60 O534

Daytime Telephone number

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



#### ARTICLES OF INCORPORATION

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:

BDC MED, Inc

#### ARTICLE II PRINCIPAL OFFICE

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

101 & altomonte Dr. apt 834 Altomonte Springs Florida 32701

### ARTICLE III SHARES

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

10,000

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

angie Mc Donald 101 E altomonte Brive apt 834
altomonte Springs Florida 32101

ARTILIA, V INLINEPIRATIA	ARTIC	CLE V	INCORPORATOR
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The name and address of the incorporator to these Articles of Incorporation are:

JOHN I MC Donald 101 E alternante Drive apt 834 alternante Springs Again and Contral 161 E alternante Drive apt 834 alternante Springs H 3221

Angie Mc Donald

Engie Milneld 10-26-97
Signature/Incorporator Date

(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

10-26-97

Date