

TRANSMITTAL LETTER

P97000094331

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

900002336999--5
-11/03/97--01166--016
*****70.00 *****70.00

SUBJECT:

JA-MED USA 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
Filing Fee
& Certified Copy

\$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM:

Marilyn L. Morrison

Name (Printed or typed)

101 50 Belle Rive Blvd. #505

Address

JACKSONVILLE Florida 32256

City, State & Zip

904-645-7745

Daytime Telephone number

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 NOV -3 AM 10:56

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

RP
11-4-97

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:

JA-MED USA INC

ARTICLE II PRINCIPAL OFFICE

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

10150 Belle Rive Blvd.,
Suite 505
JACKSONVILLE
Florida 32256

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:

Marilyn L Morrison
10150 Belle Rive Blvd.,
#505
JACKSONVILLE
Florida 32256 .

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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):

Marilyn L Morrison
10150 Belle Rive Blvd.,
#505
JACKSONVILLE
Florida 32256

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

10th day of October, 1997.

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

Marilyn L Morrison
Signature

Signature

Signature

Notarization is not required

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 JA-MED USA INC

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

Marilyn L Morrison
(NAME)
10150 Belle Rive Blvd., #505
(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)
JACKSONVILLE Florida 32256
(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.

Marilyn Morrison
(SIGNATURE)

10/10/97
(DATE)