

P98000005885

TRANSMITTAL LETTER
FILED

98 JAN 20 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: MEDICINE FINGERS, INC.
(Proposed corporate name - must include suffix)

400002405064--9
-01/20/98--01097--002
*****78.75 *****78.75

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: KATHLEEN GAULDEN
Name (Printed or typed)

6191-1 RIVERWALK LN.
Address

JUPITER FL 33458
City, State & Zip

(561) 745 6421
Daytime Telephone number

P. Hall
JAN 20 1998

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

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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:

MEDICINE FINGERS, INC.

ARTICLE II PRINCIPAL OFFICE

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

6191-1 RIVERWALK LN
JUPITER FL 33458

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

6191-1 RIVERWALK LN
JUPITER FL 33458

KATHLEEN GAULDEN

ARTICLE V INCORPORATOR

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

6191-1 RIVERWALK LN
JUPITER FL 33458

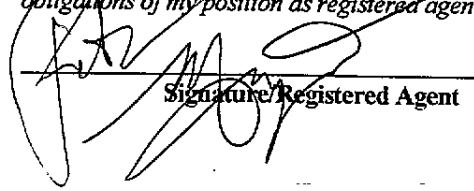
KATHLEEN GAULDEN


Signature/Incorporator

1-6-98
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

1-6-98
Date