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Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 SECRE JARY OF STAIL

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SUBJECT: PHO	DENIX MEDICAL INTE		
(Proposed corporate name - must include suffix)			
		米米米米	4621135 798-01063-006 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: RICHARD MARCOLINI. (President)  Name (Printed or typed)			
P.O.BOX # 5152  Address			
DEERFIELD Beach Fla 33442  City, State & Zip			

(954) 429-1457 Fax (429) 420-0877.

Daytime Telephone number

## 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:

PHOENIX MEDICAL INTERNATIONAL INC.

PRINCIPAL OFFICE ARTICLE II 🔃

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

7530 lyons Rd, Coconut Creek, Fla 33073

Mailing Adress: P.O.Box # 5152. Deerfield Beach. Fl 33442.

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

30,000 (thirty thousand) SMAN 25.

## INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Richard Marcolini

7530 Lyons Rd, Coconut Creek, Fla 33075./ Mailing Adress: P.O.Box

INCORPORATOR ARTICLE V

5152 Deerfield Beach Fl

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

Richard Marcolini P.O.Box # 5152 Deerfield Beach, Fl 33442.

(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

nature/Rogistered Agent