TRANSMITTAL LETTER

P9800057060

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

1 0 0 0 0 2 5 6 0 4 1 1 --- E -06/16/98--01028--023 ****131.25 ****131.25

SUBJECT: InterMed International, Inc.

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

- \$70.00
- \$78.75
- Filing Fee
- Filing Fee
- & Certificate
- □\$122.50
- \$131.25
- Filing Fee
- Filing Fee,
- & Certified Copy
- Certified Copy
- & Certificate

ADDITIONAL COPY REQUIRED

FROM: HARVEY KRUPNICK
Name (Printed or typed)

\$ 2631 NW 42 Aug

Coconst Creek, FL 33066

954 - 917 - 0675

Daytime Telephone number

SECRETARY OF STATE OF CORPORATIONS OR JUN 25 AM 7: 35

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



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

June 18, 1998

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HARVEY KRUPNICK 2631 N.W. 42 AVE. COCONUT CREEK, FL 33066

SUBJECT: INTERMED INTERNATIONAL, INC.

Ref. Number: W98000014019

We have received your document for INTERMED INTERNATIONAL, INC. and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6929.

Letter Number: 198A00033796

Randall Purintun Document Specialist

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

The name of the corporation shall be:

NAME

ConsulTiNG CORPORATION

ARTICLE II PRINCIPAL OFFICE

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

2631 N.W. 42 Ave. Cocont Creek, FL 33066

ARTICLE III SHARES

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

is: One hundred shares with unlimited ve

rights, and are established to receive net assets upon dissolution

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Harvey Krupnick 2631 NW 42 Aue Cocont Creck, FL 33066

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):

IRA COHEN
1300 WASHINGTON AVENUE # 1849
Miami Beach, FL 33119

HARVEY KRUPNICK 2631 NW 42 Ave Coconut Creek, FL 33066

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

5 day of June, 19 98

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

Signature

Signature

Signature

Notarization is not required

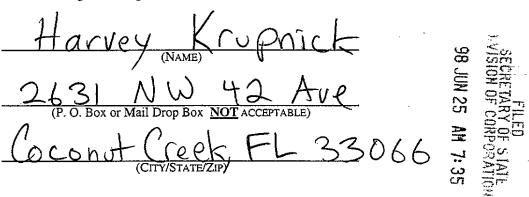
NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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.

	CONSULTING CORP.
1. The name of the corporation is <u>Triter Med</u>	International Incirc

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



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) (DATE)