

TRANSMITTAL LETTER

P98000061268

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

SUBJECT: AMERICAN INTERNATIONAL MEDICAL SUPPLIES
IN CORPORATION
(Proposed corporate name - must include suffix)

700002509497--3
-05/04/98--01065--001
****131.25 ****131.25

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: SHARATH . C . MALLU
Name (Printed or typed)

P.O. BOX 20647
Address

TALLAHASSEE, FL 32316
City, State & Zip

850-877-6159
Daytime Telephone number

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 JUL 10 PM 2:38

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

RP
07-10-98



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

May 5, 1998

SHARATH C. MALLY
P.O. BOX 20647
TALLAHASSEE, FL 32316

SUBJECT: AMERICAN INTERNATIONAL MEDICAL SUPPLIES
INCORPORATION
Ref. Number: W98000010115

We have received your document for AMERICAN INTERNATIONAL MEDICAL SUPPLIES INCORPORATION 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 corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

You must provide us with the information requested in the Articles of Incorporation in order for us to file the document.

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.

Randall Purintun
Document Specialist

Letter Number: 598A00024673

ARTICLES OF INCORPORATION

of

AMERICAN INTERNATIONAL MEDICAL SUPPLIES, INC.

FILED
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DIVISION OF CORPORATIONS

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ARTICLE I - Name

The name of this corporation is:

AMERICAN INTERNATIONAL MEDICAL SUPPLIES, INC.

ARTICLE II- Mailing Address

The mailing address of the corporation shall be:

Post Office Box 20647
Tallahassee, Florida 32316

ARTICLE III - Stock

This corporation is authorized to issue one hundred (100) shares of common stock. Each stock is to have a par value of \$1.00 per share.

ARTICLE IV - Initial Registered Office and Agent

The street address of the initial registered office of this corporation is 1427 Live Oak Drive, Tallahassee, Florida 32301, and the name of the initial registered agent of this corporation at that address is SHARATH C. MALLY.

ARTICLE V - Incorporator

The name and address of the person signing these Articles is: SHARATH C. MALLY, 1427 Live Oak Drive, Tallahassee, Florida 32301.

ARTICLE VI - Directors

The corporation shall have a Board of Directors consisting initially of one member. The number of directors may be increased or decreased from time to time, in accordance with the laws of Florida, but the Board of Directors shall consist of at least one person. The affairs of the corporation shall be managed by the Board of Directors, who shall be elected by the stockholders. The initial members of the Board of Directors shall be:

SHARATH C. MALLY

ARTICLE VII - Indemnification

The Corporation shall indemnify any officer or director or any former officer or director to the full extent permitted by law.

ARTICLE VIII - Corporate Duration

The duration of the corporation shall be perpetual.

ARTICLE IX - Purpose or Purposes

The general purposes for which the corporation is to be organized, promoted and carried on are the transaction of any lawful business for which corporations may be incorporated under the Florida General Corporation Act, or the engagement in any other trade or business which can, in the opinion of the Board of Directors, be advantageously carried on in connection with or auxiliary to the foregoing business.

WITNESS MY HAND and seal at Tallahassee, Leon County, Florida this 10th
day of July, 1998.

Sharath C. Mally
SHARATH C. MALLY

The undersigned, having been designated in the foregoing Article of Incorporation as
Registered Agent, hereby agrees to accept said designation.

Sharath C. Mally
SHARATH C. MALLY

STATE OF FLORIDA
COUNTY OF LEON

Before me this day personally appeared SHARATH C. MALLY, to me well known or who
produced _____ as valid identification, and who acknowledged before
me that he executed the foregoing Articles of Incorporation for the purposes therein expressed.

WITNESS my hand and official seal, this 10th day of July, 1998.

William H. Crawford
NOTARY PUBLIC
My Commission Expires:



William H. Crawford
MY COMMISSION # CC594530 EXPIRES
February 3, 2001
BONDED THRU TROY FAIN INSURANCE, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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