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

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-11/03/3801036002 *****78.75 *****78.75

			*****78.75 **
SUBJECT: S	URGNET, INC.		
(Pro	posed corporate name	- must include suffix	x)
□ \$70.00 >	al and one(1) copy of the ar	□ \$78.75 ⁻	□ \$87.50
Filing Fee	& Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status
	AD	DITIONAL COPY R	
FROM:	B. SERGIO PALOMAI		
	Name (Printed	or typed)	
1616 WI	EST CAPE CORAL PA		167
	Addres	S	
 	CAPE CORAL, FLO	***************************************	·
	City State	(7 / 11%	

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

(941) 849 - 3544 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:

SURGNET, INC.

ARTICLE II PRINCIPAL OFFICE

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

1616 W. CAPE CORAL PARKWAY

SUITE #167

Cape Coral, Florida 33914

ARTICLE III SHARES

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

100

<u>ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS</u>

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

B. Sergio Palomares

1616 W. CAPE CORAL PARKWAY

SUITE #167

Cape Coral, Florida 33914

ARTICLE V INCORPORATOR

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

B. Sergio Palomares

1616 W. Cape Coral Parkway #167

Cape Coral, Florida 33914

Signature/Incorporator

(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

<u>// - / - 98</u> Date