

TRANSMITTAL LETTER

P98000/00351

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

TRANS-MED-RETURNS, INC.

SUBJECT: \_\_\_\_\_

(Proposed corporate name - must include suffix)

300002696503  
11/25/98 01049 001  
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 of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: \_\_\_\_\_

Name (Printed or typed)

Ana Diaz  
2978 SW 14th St.  
Miami, FL 33145

City, State & Zip

P.O. Box 451432

Miami, FL 33145

Daytime Telephone number

Beeper# 305-244-0172

FILED  
98 NOV 25 PM 12:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

BR 1-11-99

## 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:

TRANS-MED-RETURNS, INC.

### ARTICLE II PRINCIPAL OFFICE

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

2978 SW 14th St.  
Miami, FL 33145

### ARTICLE III SHARES

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

100 shares at \$1.00 per share

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Ana Diaz  
2978 SW 14th ST.  
Miami, FL 33145

### ARTICLE V INCORPORATOR

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

Ana Diaz  
2978 SW 14th St.  
Miami, FL 33145



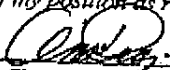
Signature Incorporator

1/8/99

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

1/8/99

Date

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98 NOV 25 PM 12:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA