

TRANSMITTAL LETTER

PA9000003218

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

SUBJECT: TRADEWIND MEDICAL SERVICES, INC.
(Proposed corporate name - must include suffix)

400002736064--9
-01/11/99--01025--008
*****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 of Status

☒ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: ALBERT WAXMAN
Name (Printed or typed)

250 S. HOLLYBROOK TERRACE-SUITE 101
Address

PEMBROKE PINES, FL 33025
City, State & Zip

1-954-431-1627
Daytime Telephone number

FILED
99 JAN 11 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

CB
1-12-99
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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:

TRADEWIND MEDICAL SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

250 S. HOLLYBROOK TERRACE - SUITE 104
PEMBROKE PINES, FL 33025

ARTICLE III SHARES

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

500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

ALBERT WAXMAN
250 S. HOLLYBROOK TER. - 4104
PEMBROKE PINES, FL 33025

ARTICLE V INCORPORATOR

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

PRESIDENT) AL WAXMAN, 250 S. HOLLYBROOK TER., PEMBROKE PINES, FL 33025
VICE-PRESIDENT) LIL WAXMAN, 250 S. HOLLYBROOK TER., PEMBROKE PINES, FL 33025



Signature/Incorporator



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



Date

FILED
99 JAN 11 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA