

TRANSMITTAL LETTER

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

SUBJECT: Digital Sleep Diagnostics, Inc.
(Proposed corporate name must include suffix)

600002751486--2
-01/22/99--01066--008
*****122.50 *****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

☒ \$122.50
Filing Fee
& Certified Copy
Additional Copy Required

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

FROM:

Terry Lieberman
Name (printed or typed)

841 Kingsbridge Drive
Address

Duie do, fl 32765
City, State & Zip

407-660-7810
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 JAN 22 PM 4:13

FILED

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

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 NAME

The name of the corporation shall be:

DIGITAL SLEEP DIAGNOSTICS, INC.

ARTICLE II PRINCIPAL OFFICE

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

841 Kingsbridge Drive
Orlando, FL 32765

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ARTICLE III SHARES

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

100 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Terry Lieberman
841 Kingsbridge Dr.
Orlando, FL 32765

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):

Terry Lieberman
841 Kingsbridge Dr.
Oviedo, FL 32765

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

19th day of January, 1999

(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.

1. The name of the corporation is: Digital Sleep Diagnostics, Inc.

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

TERRY LIEBERMAN
(NAME)
841 Kingsbridge Drive
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)
OVIEDO, FLORIDA 32765
(CITY/STATE/ZIP)

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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.

Terry Lieberman
(SIGNATURE)

1/10/98
(DATE)