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

SUBTECT:	BG MEDICAL CONCEPTS, INC			
2020	(Proposed corporate name - must include suffix)			

Enclosed is an origina	al and one(1) copy of the article	es of incorporation and a	check for:	
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM	: CEORGE K. Name (Pr	FOLEY		
	1902 STANF	TIELD DR.		
	BRANDON Fity, (B13) 972-78 Daytime T		99 JAN 28 AM 8: 44 SECRETARY OF STATE TALLAHASSEE, FLORIDA	. 11

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

ARTICLES OF INCORPORATION

The undersigned incorporator, being over the age of eighteen years, 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:

BG Medical Concepts, Inc.

ARTICLE II: PRINCIPAL OFFICE

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

12214 Wood Duck Place Tampa, FL 33617

ARTICLE III: SHARES

The total number of shares of stock is authorized to have outstanding is <u>250</u>. All or any part of said shares may be issued by the Corporation from time to time and for such consideration as may be determined upon or fixed by the Board of Directors, as provided by law.

ARTICLE IV: INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Robert Booth 12214 Wood Duck Place Tampa, FL 33617

ARTICLE V: INCORPORATOR

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

George K. Foley 1902 Stanfield Drive Brandon, FL 33511

Signature / Incorporator

1-25-99

Date

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 am familiar with and accept the obligations of my position as Registered Agent.

Signature/Registered Agent

Date