

SUBJECT:	M.E.D.S	. INC.		
	(Proposed corpo	orate name - must include suf	fix)	
		<u>.</u>	300002721 -12/24/380 ******70.00	7886 1039012 *****70.00
Enclosed is an origin	nal and one(1) copy of the articl	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 PY REQUIRED	
FROM		CS (inted or typed)	=	-
	P.O. BOX	221192 address	99 MAK - SEURETA TALLAHAS	
	WEST PALM B	EACH, FL 33	_ %29 -	- [
	(561) 712 Daytime Te	- 1365 lephone number	TE A	

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





FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

December 30, 1998

EVA VEVERS P.O. BOX 221192 WEST PALM BEACH, FL 33422

SUBJECT: M.E.D.S. INC. Ref. Number: W98000029165

We have received your document for M.E.D.S. INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6933.

Dana Calloway Document Specialist

Letter Number: 598A00060949



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

January 12, 1999

EVA VEVERS P.O. BOX 221192 WEST PALM BEACH, FL 33422

SUBJECT: D.E.M.S. INC. Ref. Number: W98000029165

We have received your document for D.E.M.S. INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6933. $\bar{}$

Letter Number: 598A00060949

Dana Calloway Document Specialist

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Business Corporation Act, hereby adopts the following the fol	
The same and the purpose of forming a corporation under the	Florida
Business Corporation Act, hereby adopts the following Articles of Incorporation	cioriaa
The state of the s	

ousiness Corpo	oration Act, hereby ado	pts the followin	g Articles of Inco	rporation.		
ARTICLE I	NAME		<u>-</u> !	1 1.		
The name of the	he corporation shall b	e:	* *** * * * * * * * * * * * * * * * *			
			INX	AUTO	ING	
ARTICLE II	PRINCIPAL (OFFICE		•	- 200 %	
The principal p	place of business and	mailing addres	s of this cornor	ation shall ha	- Fig.	ン
		P.O Br	ox 2211			1/4
		WEST !	PALL D	72		S
ARTICLE III	SHARES	****	was DE	ACH, FL	33422	
The number of	shares of stock that t	his corporation	is authorized to	have entated:	<u>=</u>	O.
-	* I **********************************		10 HUMIOTIZOGI ((mave quistanding	g at any one time is:	,
		100			<u>-</u>	
ARTICLE IV	INITIAL REC	SISTERED /	CENIT AND	STREET ADD	<u> </u>	
The name and F	YOU THE SHOOT WITH GREE	ul ine ininal re	Oistered access a	***	7	
EVA	VEVERS	4767	VIA PAU	MIANE	+ 205	
		WEST	PALM	BEACU	FL 33417	,
ARTICLE V	INCORPORAT	OR			Fr Donil	
The name and	address of the incorp	orator to these	Articles of Inco	emoration area		
EVA	VEVERS	4767	VIA (ALM LA	re #205	
		WEST	PALM	BEACH.	FL3341	7
			•	'		•

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

Date