

P99000022405

TRANSMITTAL LETTER

FILED

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

99 FEB 22 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED DATE
3-1-99

600002783116--7

-02/22/99--01111--006

*****87.50 *****87.50

SUBJECT:

MEOSafety, INC.
(Proposed corporate name - must include suffix)

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:

Gary D. Kreps
Name (Printed or typed)

Address

18161 Old Dominion Court

City, State & Zip

Fort Myers, FL 33908

Daytime Telephone number

941-590-0571

AFTER MARCH
1, 1999

941-415-1671 REGISTER MAR 11 1999

941-482-5300

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 FEB 22 AM 8:38

FILED



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

February 25, 1999

GARY D KREPS
18161 OLD DOMINION CT
FT MYERS, FL 33908

SUBJECT: MEDSAFETY, INC.
Ref. Number: W99000004686

We have received your document for MEDSAFETY, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

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) 487-6919.

Beth Register
Corporate Specialist Supervisor

Letter Number: 799A00008676

PHONE # 941-415-1671
Home

WORK # 941-482-5300

FAX # 941-482-6800

EFFECTIVE DATE
3-1-99

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: Medsafety, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 18161 Old Dominion Court, Fort Myers, Fl 33908

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100,000 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are: Gary D. Kreps, 18161 Old Dominion Court, Fort Myers, Fl 33908

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are: Gary D. Kreps, 18161 Old Dominion Court, Fort Myers, Fl 33908

ARTICLE VI EFFECTIVE DATE

The effective date requested : March 1, 1999

Gary D Kreps
Signature/Incorporator

2-15-99
Date

99 FEB 22 AM 8:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Having been named as registered agent and to accept service for the above stated corporation at the place designated in this certificate. I hereby accept the appointment of registered agent and agree to act in this capacity. I further agree to comply with the provisions of all the 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.

Gary D. Kreps
Signature/Registered Agent

2-15-99
Date