TRANSMITTAL LETTER Department of State **Division of Corporations** P. O. Box 6327 -03/18/99--01029--008 Tallahassee, FL 32314 *****78.75 *****78.75 Surfside Medical Supply, Inc. (Proposed corporate name - must include suffix) Enclosed is an original and one(1) copy of the articles of incorporation and a check for: **⊠** \$78.75 \$70.00 \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certified Copy & Certificate of Status Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED James C. Winters Name (Printed or typed) 9640 NW 2nd Street Apt. 305 Address Pembroke Pines, FL 33024 City, State & Zip

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

954-450-447Z Daytime Telephone number





FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 24, 1999

JAMES C. WINTERS 9640 NW 2ND STREET APT 305 PEMBROKE PINES, FL 33024

SUBJECT: SURFSIDE MEDICAL SUPPLY, INC.

Ref. Number: W99000007056

We have received your document for SURFSIDE MEDICAL SUPPLY, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

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: 199A00014743

ARTICLES OF INCORPORATION
The undersigned incorporator, for the purpose of forming a corporation under the Florida 9 4 Business Corporation Act, hereby adopts the following Articles of Incorporation.
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ARTICLE I NAME
The name of the corporation shall be:
Surfside Medical Supply, Fnc.
ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:
9640 NW 2nd Street Apt. 305
Pembroke Pines, FL 33024
ARTICLE III SHARES
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
1000 Shares at par
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are:
Temes C. Winters 9640 NW 2nd St. Apt. 305
Pembroke Piner, FL 33024
ARTICLE V INCORPORATOR
The name and address of the incorporator to these Articles of Incorporation are:
James C. Winters
9640 NW 2nd Street Apt. 305
Pembroke Pines, FC 33024
Ormer C Winter 1/Tames C. Winters 2/10/100
James C. Winters / James C. Winters 3/15/99 Signature/Incorporator Date
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

not applicable James C. Winters	4/1/99
Signature/Registered Agent	Date