

TRANSMITTAL LETTER

P99000035890

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

SUBJECT: Magnus Medical Technologies, Inc.
(Proposed corporate name - must include suffix)

900002843549--4
-04/19/99--01053--016
*****78.75 *****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 of Status

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Mildred M. Arent
Name (Printed or typed)
911 NW 30th Avenue
Address
Ocala, FL 34474
City, State & Zip
(352)629-6290
Daytime Telephone number

FILED
99 APR 19 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

T. SMITH APR 20 1999

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:

Magnus Medical Technologies Inc.

ARTICLE II PRINCIPAL OFFICE

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

Location: 911 NW 30th Ave
Ocala, FL 34474

Mailing: PO Box 2708
Ocala, FL 34478

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

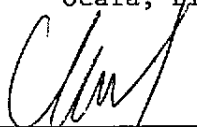
The name and Florida street address of the initial registered agent are:

Mildred M. Arent
911 NW 30th Avenue
Ocala, FL 34478

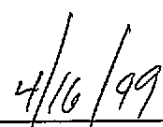
ARTICLE V INCORPORATOR

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

Mildred M. Arent
911 NW 30th Ave.
Ocala, FL 34474



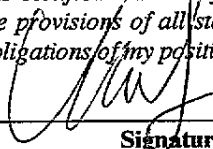
Signature/Incorporator



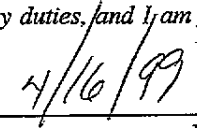
Date

(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



Signature/Registered Agent



Date

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TALLAHASSEE, FLORIDA