TRANSMITTAL LETTER

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

SUBJECT: CIRQUE' MEDICA! (Proposed corpora	te name - must include sui	T~c ffix) 400002847 -04/22/390 *****87.50	- 1434C 1067004 *****87.50
Enclosed is an original and one(1) copy of the articles \$70.00 \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy	a check for: \$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED	
13041 YAUPON	_	THE TAX OF THE PARTY.	ie e e
JACKSON VILLE City,	FLURIDA .	32246	· =

(904)

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

Daytime Telephone number

W. DEKO.

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:
CIRQUE' medical broop Inc.
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ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:
5865 S.W. 108 STREET W. 25
Mismi, Florish 33156
ADTICLE III SHAPES
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
500 SHARES
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are:
KONNETH RAY DYE
TACKSONVITIE, FL 32246
JACKSONVITLE, FL 32246
APTICI E V INCORPORATOR
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:
James E. Leone
5865 S.W. 108 STreet
Minui: Floring 133156
x tome 8. frame x April 20, 1999
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