

799000045016
TRANSMITTAL LETTER

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

SUBJECT: DYNASTY MEDICAL 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

☐ \$78.75

☐ \$122.50

☐ \$131.25

FROM: WILLIAM D. EYLSTRA
Name (printed or typed)

5012 Kilkenney Way

Address

Oldsmar, FL-34677

City, State & Zip

(813) 891-9393

Daytime Telephone number

FILED
99 MAY 14 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100002875221--9
-05/14/99--01040--014
*****70.00 *****70.00

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

ARTICLES OF INCORPORATION
OF

FILED
99 MAY 14 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DYNASTY MEDICAL INC

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

DYNASTY MEDICAL INC

ARTICLE II PRINCIPAL OFFICE

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

5012 Kilkenney Way, Oldsmar, FL-34677

ARTICLE III SHARES

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

ONE HUNDRED

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

William D Fylstra 5012 Kilkenney Way, Oldsmar, FL-34677

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Sally V Fylstra 5012 Kilkenney Way, Oldsmar, FL-34677

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

11th day of May, 1999.


Signature

Signature

Signature

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

FILED
99 MAY 14 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: XXXXXXXXXXXXXXX

DYNASTY MEDICAL INC

2. The name and address of the registered agent and office is:

William D Fylstra

(Name)

5012 Kilkenney Way

(P.O. Box not acceptable)

Oldsmar, FL-34677

(City/State/Zip)

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)