P9900069668

Department of State Division of Corporati P. O. Box 6327 Tallahassee, FL 323	14		99 AUG -5 PN 3: 18		
SUBJECT:	JMC Medica	ate name - must include suffi			
Enclosed is an origina	al and one(1) copy of the articles	10	00029088019 -06/18/9901060006 *****70.00 *****70.00		
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL COP	\$87.50 Filing Fee, Certified Copy & Certificate of Status Y REQUIRED		
FROM:	John Carden Name (Printed or typed) P. O. Box 8346 Address Delray Bch., Florida 33482 City, State & Zip 561-276-0796 John Carden GAVE Daytime Telephone number AUTHORIZATION D. E. TO				
N	OTE: Please provide the orig	DATE OB DOC. EXAM. ginal and one copy of the	office 05 99 P. Puziniun ne articles.		



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 21, 1999

JOHN CARDEN PO BOX 8346 DELRAY BEACH, FL 33482

SUBJECT: JMC MEDICAL INC. Ref. Number: W99000014345

We have received your document for JMC MEDICAL INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

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) 487-6929.

Letter Number: 699A00032904

Randall Purintun Document Specialist

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florid	la
Business Corporation Act, hereby adopts the following Articles of Incorporation.	

ARTICLE	7	NIA REE
AKIICLE	1	NAME

The name of the corporation shall be:

JMC Medical Inc.

ARTICLE II PRINCIPAL OFFICE

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

P.O. Box 8346 Delray Beach, F1 33482

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

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

John Carden

2956 S.W. 22nd Circle Delray Beach, FL 33445

INCORPORATOR

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

John Carden P.O. Box 8346 Delray Beach, F1 33482

_ Ause___
Signature/Incorporator

(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

5/27/99