

TRANSMITTAL LETTER

PP9000074536

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

SUBJECT:

MEDICAL INNOVATIONS, INC.
(Proposed corporate name - must include suffix)

300002959923--7
-08/13/99--01111--007
*****87.50 *****87.50

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:

DAGMAR SULLIVAN
Name (Printed or typed)

6158 LAKE FRONT DR.
Address

FT. MYERS, FL- 33908
City, State & Zip

941-432-0979
Daytime Telephone number

FILED
AUG 16 PM 2:12
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

G. GILMON CASE AUG 20 1999

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

Client was advised of correction
to Article V.

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, Hereby adopts the following Article of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

MEDICAL INNOVATIONS, Inc.

ARTICLE II PRINCIPLE OFFICE

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

**6158 LAKE FRONT DR.
FT. MYERS, FLORIDA 33908**

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: **One Thousand (1000) Shares**

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

**Dagmar Sullivan
6158 Lake Front Dr.
Ft. Myers, Florida 33908**

ARTICLE V INCORPORATOR

The name and address of the incorporator to these articles of Incorporations are:

Dagmar Sullivan 8/1/99
Signature/Incorporator/Registered Agent Date

I HEREBY ACCEPT THE DESIGNATION AS REGISTERED AGENT.

(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 operation at the place designated in the certificate, I hereby accept the appointment as registered agent and agree to act in the capacity. I further agree to comply with the provisions of all statutes relating the proper and complete performance of my duties, and I am familiar with and accept the obligations of my potion as registered agent

Signature/Registered Agent

Date

FILED
99 AUG 16 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA