P99BHJTLJETER 91287

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

SUBJECT:	MEMTEK, C	COPPrate name - must include suff	fix)	
		2	:00003012 -10/12/99 *****78.79	was was
Enclosed is an origin	al and one(1) copy of the article	es of incorporation and a	check for:	
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM	: <u>Memtek, COLP</u> Name (P	rinted or typed)	Maria di Andrea di Andrea de Carrero	
	15970 West	State Rd &	34 XX 263	
` .	Sunrise F.	·	26 P. F.	99 OCT 17
	D a ytime T	elephone number		99 DCT 12 PM 1: 30

 $\label{eq:NOTE:Please provide the original and one copy of the articles.}$

10,100

ARTICLES OF INCORPORATION

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

ARTICLE I NAME	100 m
The name of the corporation shall be:	30.3
MEMTEKSCOLP	100 to
menterson	8 1.30 8 1.30
ADDICED IT DEPLOYED TO SERVICE	
ARTICLE II PRINCIPAL OFFICE	. • 855
The principal place of business and mailing address of this corporation shall be:	
15970 West State RO 84 1 263	
Sunrise Florida 33326	
ARTICLE III SHARES	
The number of shares of stock that this corporation is authorized to have outstanding at any one	time is:
1000 SHaves with a value of \$100 per Stock	
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS	
The name and Florida street address of the initial registered agent are:	
Frank Kramer 15970 West State Rd 84	
sunnise F.L 33326	
ARTICLE V INCORPORATOR	
The name and address of the incorporator to these Articles of Incorporation are:	
Frank Kramer	
15970 West Sate Rd 84	
SunRise Fil 33326	
JOHNISE FIE 00329 10/7/99	
Signature/Incorporator Date	
F. Koi	
(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 this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agent the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar values of my position as registered agent	gree to comply with
T- KI/1 10/n/99	
Signature/Registered Agent Date	_