

P99000105567

TRANSMITTAL LETTER

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

200003060322--7
-12/03/99--01079--004
*****78.75 *****78.75

SUBJECT: Medical Products Express, Inc.

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:

Thomas Tully
10843 Temple Avenue
Seminole, FL 33772
727-539-1551

FILED
99 DEC -3 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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:

Medical Products Express, Inc.

ARTICLE II PRINCIPAL OFFICE

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

10843 Temple Avenue
Seminole, FL 33772

ARTICLE III SHARES

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

7,500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Thomas Tully
10843 Temple Avenue
Seminole, FL 33772

ARTICLE V INCORPORATOR

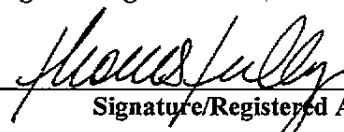
The **name and address** of the incorporator to these Articles of Incorporation are:

Thomas Tully
10843 Temple Avenue
Seminole, FL 33772


Signature/Incorporator

12/1/99
Date

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

12/1/99
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA