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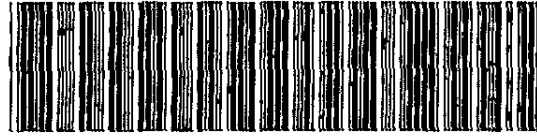
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05 JUN - 8 PM 1:30

SECRETARY OF STATE
TALLAHASSEE FLORIDA

WOS-26753

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAYA SERVICES, THE MEDICAL EQUIPMENT, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RICO ORTIZ
(Name of Person)

RICO'S PROFESSIONAL SERVICES
(Firm/Company)

12360 SW 122 STREET
(Address)

MIAMI, FL. 33188
(City/State and Zip Code)

For further information concerning this matter, please call:

RICO ORTIZ at (786) 2710719
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 JUN - 8 PM 1:30

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FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

May 27, 2005

RICO ORTIZ
12360 SW 122 STREET
MIAMI, FL 33186

SUBJECT: MAYA MEDICAL EQUIPMENT, LLC
Ref. Number: W05000026753

We have received your document for MAYA MEDICAL EQUIPMENT, LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 405A00038247

SECRETARY OF STATE
TALLAHASSEE
FLORIDA

05 JUN - 8 PM 1:30

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MAYA MEDICAL EQUIPMENTS, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

7255 NW 68 ST.

12360 SW 122 ST.

SUITE 11

ATTN: RICO

MIAMI, FL. 33166

MIAMI, FL. 33186

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

RICO ORTIZ

Name

12360 SW 122 ST.

Florida street address (P.O. Box NOT acceptable)

MIAMI, FL. 33186

FL

City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Having been named as registered agent and to accept service of process for the above stated limited liability company 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 as provided for in Chapter 608, F.S..



Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

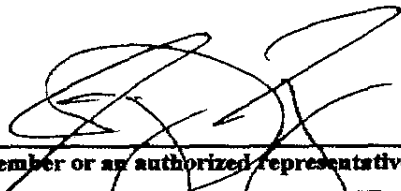
ALEJANDRO MAYA

7255 NW 68 ST. SUITE 11
MIAMI, FL. 33166

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 607.406(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ALEJANDRO MAYA

Typed or printed name of signee

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05 JUN -8 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)