

P9500001720

DATE 02-15-95

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
95 MAR -2 PM 2:28

SECRETARY OF STATE
CORPORATION DIVISION
STATE OF FLORIDA
TALLAHASSEE, FLORIDA 32304

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-03/02/95--01050--0013
****122.50 ****122.50

RE: PURY MEDICAL INTERNATIONAL, INC.
(Name of Corporation)

GENTLEMEN:

ENCLOSED HEREWITH ARE THE ARTICLES OF INCORPORATION TOGETHER
WITH A COPY OF SAID ARTICLES FOR PURY MEDICAL INTERNATIONAL, INC.
(Name of Corporation)
AND OUR CHECK IN THE AMOUNT AS FOLLOWS:

FILING FEE\$ 35.00
CERTIFIED COPY 52.50
REGISTERED AGENT 35.00

Total \$122.50

Jon Serrano Associates
9290 Sunset Dr. #105
Miami FL 33173

RESPECTFULLY SUBMITTED,

(Individual's Name)

PURY MEDICAL INTERNATIONAL, INC.
(Name of Corporation)

3/15
[Signature]

CERTIFICATE OF INCORPORATION

-of-

PURY MEDICAL INTERNATIONAL, INC.

We, THE UNDERSIGNED, hereby associate ourselves together for the purpose of becoming a corporation under the Laws of the State of Florida, by and under the provisions of the Statutes of the said State of Florida.

ARTICLE I

The name of this corporation shall be:

PURY MEDICAL INTERNATIONAL, INC.

ARTICLE II

The corporation may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE III

The maximum number of shares of capital stock that this corporation is authorized to have outstanding at any one time ONE HUNDRED (100) shares of common stock, having a par value of ONE (\$1.00) DOLLAR PER SHARE.

ARTICLE IV

The amount of capital with which this corporation will begin business shall be the sum of not less than ONE HUNDRED (\$100.00) DOLLARS.

ARTICLE V

This corporation shall exist perpetually unless sooner dissolved according to law.

ARTICLE VI

The initial street address of the principal office of the corporation shall be:

4845 SW 101 AVENUE MIAMI, FL 33165

ARTICLE VII

The number of Directors of this corporation shall be at least one (1) and no more than five (5).

ARTICLE VIII

The name and street address of the member of the first Board of Directors of this Corporation are as follows:

FRANKLIN URENA CRUZ 4845 SW 101 AVE MIAMI, FL 33165

ARTICLE IX

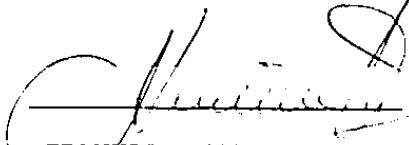
The names and street addresses of the persons signing these Articles of Incorporation as subscriber is as follows:

FRANKLIN URENA CRUZ 4845 SW 101 AVE MIAMI, FL 33165

ARTICLE X

The corporate existence of this corporation shall begin on the date the Articles of Incorporation are filed of record.

IN WITNESS WHEREOF, the undersigned FRANKLIN URENA CRUZ
, being natural persons, competent to contract, have here unto
set his/their hands and seal this 27th day of February, 1995.

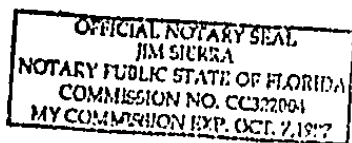

FRANKLIN URENA CRUZ

STATE OF FLORIDA) S.S.

COUNTY OF DADE)

BEFORE ME, the undersigned Notary Public of the State of Florida personally appeared FRANKLIN URENA CRUZ, known and known to me to be the person(s) described herein and who executed the foregoing Articles of Incorporation, and he/she acknowledged before me that he/she executed the same freely and voluntarily for the purpose therein expressed.

WITNESS my hand and official seal this 22 day of February, 1995.




Jim Sierra

My Commission expires:

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS
WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**

IN COMPLIANCE WITH SECTION 607.325, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

FIRST THAT PURY MEDICAL INTERNATIONAL, INC.
(Name of Corporation)

WITH ITS PLACE OF BUSINESS AT 4845 SW 101 AVENUE MIAMI, FL 33165
(Business Address, City and State)

HAS NAMED MARIA VIVEROS
(Name of Registered Agent)

LOCATED AT 4845 SW 101 AVENUE MIAMI, FL 33165
(Street Address and Number Of Building,
Post Office Box Addresses ARE NOT Acceptable)

CITY OF MIAMI, STATE OF FLORIDA, AS ITS AGENT TO ACCEPT SERVICE
(City)
OF PROCESS WITHIN FLORIDA.

SIGNATURE [Signature]
(Corporate Officer)

TITLE President

DATE 2/27/95

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE [Signature]
(REGISTERED AGENT)

DATE 2/27/95

BUREAU OF CORPORATE RECORDS, P.O. BOX 6327, TALLAHASSEE, FL 32314

(NOTE: There is a filing fee of \$3.00 for this certificate)