OFFICE RUS CORPORATE FILING SERVICE, INC (Requestor's Name) 3320 S.W. 87th AVENUE (Address) MIAMI, FLORIDA (305)552-5973 (City, State, Zip) (Phone #) LOCAL REPRESENTATIVE TALLAHASSEE OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Document #) (Corporation Name) (Corporation Name) (Document #) *****78.75 (Document #) (Corporation Name) Pick up time 900 Certified Copy Certificate of Status Will wait Photocopy Mail out AMENDMENTS NEW FILINGS Amendment Profit Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/ OTHER FILINGS QUALIFICATION OFE FTOODS IsunnA Fictitions Name 1113W Foreign Limited Partnership Name Reservation SZ HIV 66 Reinstatement **SECEINED** T(rademark,

Other

Examiner's Initials

ARTICLES OF INCORPORATION

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ASCLEPIUS MEDICAL, INC.

(Proper Noun)

JAN 25 PH 1: 38
ECRETARY OF STATE
LLAMASSEE FLORIGA

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I CORPORATION NAME

The corporation's name shall be:

ASCLEPIUS MEDICAL, INC.

ARTICLE II DURATION

This corporation shall exist perpetually unless dissolved according to Florida laws.

ARTICLE III PURPOSE

The corporation is organized for the purpose of engaging in any activity of business permited under the laws of the United States and the State of Florida.

ARTICLE IV CAPITAL STOCK

The corporation is authotized to issue <u>FIVE HUNDRED</u> (<u>500</u>) shares of <u>ONE DOLLAR</u> (<u>\$1.00</u>) par value Common Stock, which shall be designated "Common Shares".

ARTICLE V PLACE OF BUSINESS

The principal place of business of said corporation, shall be:

3383 NW 7th. STREET #311
MIAMI, FL 33125

ARTICLE VI NUMBER OF DIRECTORS

The number of Directors of this corporation, shall be no less than one (1) nor more than fifteen (15).

ARTICLE VII BOARD OF DIRECTORS

The name and addresses of the first Board of Directors of this corporation who shall hold office initially, are as follow:

NAME: MIGUEL BETANCOURT ADDRESS: 13237 SW 10 LANE
CITY: MIAMI STATE: FL Z.C.: 33184
NAME:
ADDRESS:
CITY: STATE: Z.C.:
NAME:
ADDRESS:
CITY: STATE: Z.C.:
NAME:
ADDRESS:
CITY:STATE:Z.C.:
ARTICLE VIII
INCORPORATORS
The names and addresses of the incorporators signing these Articles of the incorporation, are as follow:
NAME: MIGUEL BETANCOURT TITLE: PRESIDENT
ADDRESS: 13237 SW 10 LANE
CITY: MIAMI STATE: FL Z.C.: 33184
NAME:TITLE:
ADDRESS:
CITY:STATE:Z.C.:
NAME: TITLE:
ADDRESS:
CITY: STATE: Z.C.:
NAME:TITLE:
ADDRESS:
CITY: STATE: Z.C.:
NAME:TITLE:
ADDRESS:
IN WITNESS WHEREOF, the unsersigned subscriber(s) have executed these Articles of Incorporation, this 22nd day of January , 19 99
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(Seal)(Seal
(Seal) (Seal
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STATE OF FLORIDA COUNTY OF DADE

Before me, a Notary Public authorized to take adknowledgement in the State and County set for above, personally appeared:

MIGUEL BETANCOURT

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, and who acknowledged before me that he executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 22nd day of January , 1999.

Wotary Public

State of Florida at large

OFFICIAL NOTARY SEAL
GEORGINA BALLINA
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC664575
MY COMMISSION EXP. JULY 16,2001

CERTIFICATE OF REGISTERED AGENT

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ASCLEPIUS					
 (Name	e of	Corpo	ration	1)	

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said Act:

FIRST: That ASCLEPIUS MEDICAL, INC. desiring to (Proper Noun)

organize under the laws of the State of Florida with its principal office, as indicated in the articles of incorporation at City of MIAMI

County of MIAMI-DADE State of FLORIDA, has named:

To: MIGUEL BETANCOURT

Located at: 13237 SW 10 LANE

City of: MIAMI County OF: MIAMI-DADE

State of Florida. as its Agent to accept service of process within this State.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position. I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

Registered Agend 1:38
Registered Agend 1:38
Registered Agend 1:38