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CORPORATION NAME(S) & DO	CUMENT NUMBER(S) (if known):
1. L&Y MEDICE	LEQUIPMEN, INC.
(Corporation Name)	⇒ (Document #)
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NEW FILINGS	AMENDMENTS
Profit	Amendment
NonProfit	Resignation of R.A., Officer/Director
. Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger
OTHER FILINGS Annual Report	REGISTRATION/ QUALIFICATION
Fictitious Name	Foreign .
Name Reservation	Limited Partnership
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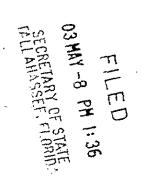
ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

LAY Medical equipMEUTITHC



ARTICLE II - PRINCIPAL OFFICE

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

6955 HIAH; FL 33166

ARTICLE III -SHARES

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

100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

YOleisy CARTAYA
6955NW 77AU Suite 203_
HIAMI FL 33166

<u> ARTICLE V – INCORPORATOR</u>

The name and street address of the incorporator to these Articles	of
Incorporation is:	50 03
Lisset Lowbern	强夷工
1941900 88PL HIAMIFL 33018	瑟~二
The undersigned incorporator has executed these Articles of	Ha Z O
Incorporation this 7 day of 5 20.03	700
× _ JB	36 Sales
Signature	

ARTICLE VI- DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of *Incorporation is (are):*

YULISY CARTAYA PresidentA
6955NW 77 AU Suite 203
HIAMIFC 33166

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

X GO/E(SGS)| Registered Agent Signature