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LA ARUS CORPORATE FILING SERVICE, I	NC.
(Requestor's Name)	
3320 S.W. 87th AVENUE (Address)	TALLAH
MIAMI, FLORIDA (305)552-5973	ARE AR
(City, State, Zip) (Phone #)	ASS 7
LOCAL REPRESENTATIVE TALLAHASSEE	OFFICE USE ONLY
CORPORATION NAME(S) & DOCUME	ENT NUMBER(S) (if known):
1. WHEEL CHAIR	EXPORTER'S MEDICAL
2. SUPPLIES INC	(Document.#)
(Corporation Name)	(Document #)
3. (Corporation Name)	(Document #)
4.	
(Corporation Name)	
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Mail out Will wait Ph	Certificate of Status PROPERTY AND ASSETS OF STATE OF STA
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NEW FILINGS	AMENDMENTS > F C7
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	nited Partnership
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Other

Examiner's Initials

P2E031/0/02\

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:

Wheel chair Exporters

MEDICAL SUPPLIES INC.

ARTICLE 11 - PRINCIPAL OFFICE

DO MAR 17 PM 1: 43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

600 NE 365T #322 WIAMI Fl 33137

ARTICLE III -SHARES

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

(00)

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JOSEPH ANTHONY BORRAS

WIAMI FI 33137

ARTICLE V - INCORPORATOR(S)
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation Is(are): Joseph Anthony Borras 600 NE 36 ST #322 WIAMI FI 33137
The undersigned incorporator(s) has(have) executed these Articles of Incorporation this O 3 day of, 20 OO
Signature
ARTICLE VI- DIRECTOR(S)
The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are): JOSEPH ANTHONY BORRAS

600 NE 365T #322 WIAWI FI 33173

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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.

Registered Agent