

RECEIVED 55199

OFFICE USE ONLY

EXPRESS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

1000 PONCE DE LEON BLVD. STE: 112

(Address)

CORAL GABLES, FL 33134 (305)444-4994

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. X-TREME MEDICAL, INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in ☒ Pick up time _____

☒ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

700003281197--1

-06/08/00--01040--016

*****78.75 *****78.75

| NEW FILINGS | |
|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Profit |
| <input type="checkbox"/> | NonProfit |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

| AMENDMENTS | |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

| OTHER FILINGS | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/QUALIFICATION | |
|----------------------------|---------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

FILED
00 JUN -8 AM 11:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

RECEIVED
00 JUN -8 AM 10:10
DIVISION OF CORPORATE REGISTRATION
TALLAHASSEE FLORIDA

Examiner's Initials

Date JUNE 7, 2000

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Re X-TREME MEDICAL, INC., Inc.
(name of corporation)

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

(individual's name)

X-TREME MEDICAL, INC.

(name of corporation)

| MAILING ADDRESS OF CORPORATION | | |
|--------------------------------|--------------|------|
| 1630 N.W. 34 AVE | | |
| MIAMI, FLORIDA 33125 | | |
| PHONE | | |
| (305) | 633-5010 | |
| Area Code | Phone Number | Ext. |

ARTICLES OF INCORPORATION

of
X-TREME MEDICAL, INC.

(name of corporation)

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 - CORPORATE NAME

The name of the corporation is:

X-TREME MEDICAL, INC.

ARTICLE II - DURATION

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

ARTICLE III - PURPOSE

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

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue FIVE HUNDRED shares (500) of ONE Dollar(s) (\$ 1.00) par. value Common Stock, which shall be designated "Common Shares".

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

| | | | |
|---------|------------------|-------|-------------------|
| NAME | KARLA RODRIGUEZ | | |
| ADDRESS | 1630 N.W. 34 AVE | | |
| CITY | MIAMI | STATE | FLORIDA ZIP 33125 |

The principal office, if known, or the mailing address of the corporation is:

| | | | |
|---------|-----------------------|-------|-------------------|
| NAME | X-TREME MEDICAL, INC. | | |
| ADDRESS | 1630 N.W. 34 AVE | | |
| CITY | MIAMI | STATE | FLORIDA ZIP 33125 |

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have TWO (2) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

| | | |
|---------|--------------------|-------------------------|
| NAME | KARLA RODRIGUEZ | PRESIDENT |
| ADDRESS | 1630 N.W. 34 AVE | |
| CITY | MIAMI | STATE FLORIDA ZIP 33125 |
| NAME | CESAR A. RODRIGUEZ | VICE PRESIDENT |
| ADDRESS | 1630 N.W. 34 AVE | |
| CITY | MIAMI | STATE FLORIDA ZIP 33125 |
| NAME | | |
| ADDRESS | | |

00 JUN -8 AM 11:44
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

| | | | |
|---------|------------------|-------|-------------------|
| NAME | KARLA RODRIGUEZ | | |
| ADDRESS | 1630 N.W. 34 AVE | | |
| CITY | MIAMI | STATE | FLORIDA ZIP 33125 |
| NAME | | | |
| ADDRESS | | | |
| CITY | | STATE | ZIP |
| NAME | | | |
| ADDRESS | | | |
| CITY | | STATE | ZIP |

IN WITNESS WHEREOF, the undersigned subscriber (s) have executed these Articles of Incorporation this 7 day of JUNE, ~~XX~~ 2000

K. Rodriguez (Seal)

(Seal)

(Seal)

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE) SS

before me, a Notary Public authorized to take acknowledgments in the State and County set forth above,
personally appeared: KARLA RODRIGUEZ

K. Rodriguez Signature FL DL#R362-500-77-954-0 Form of Identification

Signature Form of Identification

Signature Form of Identification

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that SHE executed these articles of Incorporation, that I relied upon the form _____ of identification of the above named person _____ as indicated opposite each name, and that an oath was not taken.

NOTATRY RUBBER STAMP SEAL

Witness my hand and official seal in the County and State last aforesaid this
7 day of JUNE, ~~XX~~ 2000

Notary Signature

CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT OF

X-TREME MEDICAL, INC.

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation
at 1630 N.W. 34 AVE

MIAMI, FLORIDA 33125

has named KARLA RODRIGUEZ

located at the aforesaid address, as its Registered 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 agent)

FILED
00 JUN -8 AM 11:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA