

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number

: (850)922-4001

From:

: FAS-T CORP. AGENTS, INC. Account Name

Account Number : 071001002335

Phone

: (305)599-0839

Fax Number

: (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

IMEX MEDICAL SALES, INC.

Certificate of Status	0
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ARTICLES OF INCORPORATION

OF

IMEX MEDICAL SALES, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Fiorida General Corporation Act, hereby adopt(s) the following Articles of incorporation.

ARTICLE I NAME

The name of the corporation shall be: IMEX MEDICAL SALES, INC.

The principal place of business of this corporation shall be: 9811 sw 35 Terr, Miami F1, 33165.

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 100 shares @ \$1.00 par value.

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer (s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

Marlene Ferro 9811 SW 35 Terr, Miami Fl, 33165.

Irene Lopez 13187 SW 9 Terr, Miami F1, 33184. PILED

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ECKETARY OF STATE

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator (s) to this articles of incorporation is(are):

Marlene Ferro 9811 SW 35 Terr, Miami F1, 33165.

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this, 3rd day of August 2000

Signature(s) of Incorporator(s)

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the co	rporation:	
IMEX MEDICAL SALES, INC	•	
2. The name and addr office is:	ess of the registered c	agent and
Marlene Ferro	9811 SW 35 Terr	DO AL
(P.O.	BOX NOT ACCEPTABLE)	ER OF
	Miami Fl, 33184.	RY C
	(CITY/STATE/ZIP)	FSTATE FLORIDA
•	SIGNATURE Mail	ene ferma
	SIGNATURE	
•	TITLE -	
•	DATE 83/00	
HAVING BEEN NAMED TO ABOVE STATED CORPORATE CERTIFICATE, I HEREBY ACCURATE AGREE TO COMPERELATIVE TO THE PROPER DUTIES, AND I ACCEPT TH 607.325, FLORIDA STATUTES	TION, AT THE PLACE DES SREE TO ACT IN THIS C LY WITH THE PROVISIONS AND COMPLETE PERFOI IE DUTIES AND OBLIGATION	IGNATED IN THIS APACITY, AND I OF ALL STATUTES RMANCE OF MY ONS OF SECTION
	SIGNATURE Marley	tend.
	DATE 83/00	
m r r r r r r r r r r r r r r r r r r r		