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EXPRESS CORPORATE FILING SERVICE INC.

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MIAMI, FLORIDA 33134 (305) 444-4994

(City, State, Zip)

(Phone #)

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OFFICE USE ONLY

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

1. ASF Medical Equipment, 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

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TALLAHASSEE, FLORIDA

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

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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

Examiner's Initials

Date JANUARY 8, 2001

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

Re ASF MEDICAL EQUIPMENT, 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)

ASF MEDICAL EQUIPMENT, INC.

(name of corporation)

MAILING ADDRESS OF CORPORATION		
2025 BAY DRIVE #4		
MIAMI BEACH, FLORIDA 33141		
PHONE _____		
(305)	865-8482	_____
Area Code	Phone Number	Ext.

ARTICLES OF INCORPORATION

of

ASF MEDICAL EQUIPMENT, 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:

ASF MEDICAL EQUIPMENT, 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	ALEYDA MUNOZ		
ADDRESS	2025 BAY DRIVE #4		
CITY	MIAMI BEACH	STATE	FLORIDA ZIP 33141

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

NAME	ASF MEDICAL EQUIPMENT, INC.		
ADDRESS	2025 BAY DRIVE #4		
CITY	MIAMI BEACH	STATE	FLORIDA ZIP 33141

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	GUSTAVO SERRANO	PRESIDENT
ADDRESS	2025 BAY DRIVE #4	
CITY	MIAMI BEACH	STATE FLORIDA ZIP 33141
NAME	ALEYDA MUNOZ	VICE PRESIDENT
ADDRESS	2025 BAY DRIVE #4	
CITY	MIAMI BEACH	STATE FLORIDA ZIP 33141
NAME		
ADDRESS		
CITY	STATE	ZIP

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SECRETARY OF STATE

Article VII - INCORPORATORS

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

NAME	ALEYDA MUNOZ		
ADDRESS	2025 BAY DRIVE #4		
CITY	MIAMI BEACH	STATE	FLORIDA ZIP 33141
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber (s) have executed these Articles of Incorporation this 8
day of JANUARY, ~~XX~~ 2001

W. J. L. J. J.

(Seal)

(Seal)

(Seal)

STATE OF FLORIDA)
)
) SS
COUNTY OF MIAMI-DADE)

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

Signature

Signature _____

FL DL#M520-000-62-742-0

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.

NOTARY RUBBER STAMP SEAL

Witness my hand and official seal in the County and State last aforesaid this

8 day of JANUARY XX 2001

Notary Signature

CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT OF

ASF MEDICAL EQUIPMENT, 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 2025 BAY DRIVE #4

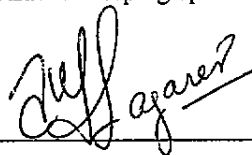
MIAMI BEACH, FLORIDA 33141

has named ALEYDA MUNOZ

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)

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