

Division of Corporations

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Florida Department of State  
Division of Corporations  
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## To:

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Fax Number : (850) 922-4001

## From:

Account Name : FERNANDO JIMENO  
Account Number : 074553003252  
Phone : (305) 826-1711  
Fax Number : (305) 826-1738

## FLORIDA PROFIT CORPORATION OR P.A.

LET MEDICAL SYSTEMS, CORP.

Certificate of Status	1
Certified Copy	0
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TALLAHASSEE, FLORIDA

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**ARTICLES OF INCORPORATION**  
**OF**  
**LET MEDICAL SYSTEMS, CORP.**

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TALLAHASSEE, FLORIDA

The undersigned subscriber(s) to these Articles of Incorporation, natural persons competent to contract, hereby form a corporation under the laws of the State of Florida.

**ARTICLE I - NAME AND ADDRESS**

The name of the corporation is:

**LET MEDICAL SYSTEMS, CORP.**

Its principal office and mailing address shall be located at

**6361 HUTCHINSON Rd**

**Miami Lakes, FL 33014**

**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 ONE HUNDRED shares ( 100 ) of five dollars ( \$5.00 ) par value Common Stock, which shall be designated "COMMON SHARES"

Document prepared by: Fernando Jimeno 1140 W 50 Street # 207-A Hialeah, FL 33012 305-826-1711

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**ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT**

The name and address of the Initial Registered Agent of this Corporation is:

**OSWALDO GUIO**  
6361 Hutchinson Road  
Miami Lakes, FL 33014

**ARTICLE VI - INITIAL BOARD OF DIRECTORS**

This corporation shall have one ( 1 ) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one ( 1 ). The names and addresses of the initial director(s) of the corporation are as follows:

**OSWALDO GUIO**  
6361 Hutchinson Road  
Miami Lakes, FL 33014

President, Secretary

**ARTICLE VII - INCORPORATOR**

The name and address of the incorporator of this corporation is:

**OSWALDO GUIO**  
6361 Hutchinson Road  
Miami Lakes, FL 33014

IN WITNESS WHEREOF, the undersigned subscriber(s) acknowledged and filed the foregoing Articles of Incorporation under the laws of the State of Florida, this 15th day of February, 2001

  
\_\_\_\_\_  
**OSWALDO GUIO**  
Incorporator

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**CERTIFICATE OF REGISTERED AGENT  
OF**

**LET MEDICAL SYSTEMS, CORP.**

Pursuant to Florida Statutes Sections 48.091 and 607.034, 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

6361 Hutchinson Road  
Miami Lakes, FL 33014

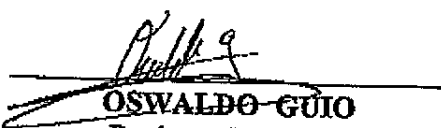
has name

**OSWALDO GUIO**

located at the aforesaid address, as its Registered Agent to accept service of process within this State.

**ACKNOWLEDGMENT**

Having been named to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

  
**OSWALDO GUIO**  
Registered Agent

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