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Florida Department of State

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Division of Corporations
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To:

Division of Corporations

Fax Number : (850)922-4001

From:

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

Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346

### FLORIDA PROFIT CORPORATION OR P.A.

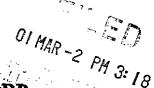
X-MAS KV MEDICAL EQUIPMENTS, CORP.

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# ARTICLES OF INCORPORATION

OF



# X-MAS KV MEDICAL EQUIPMENTS, CORP

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act. Hereby adopt(s) the following Articles of Incorporation

#### ARTICLE I NAMES

The name of the Corporation shall be: X-MAS KV MEDICAL EQUIPMENTS, CORP The principal place of business of this corporation shall be: 69 N.W. 27th AVENUE MIAMI FL 33125.

#### ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the law of United State, the State of Florida, or any State, Country or Nation.

#### ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its per value that this corporation to have Outstanding at any one time is: 500 Shares \$1.00 per share.

### ARTICLE IV TERM OF EXISTENCE

This Corporation is to exist perpetually.

# ARTICLE V OFFICER(S) DIRECTOR(S)

The names 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):

CARLOS ALVARADO (P=) 69 N.W. 27<sup>TH</sup> AVENUE MIMI FL 33125.

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## ARTICLE VI INCORPORATOR(S)

	The name(s) and street address(e	s) of the Incorporator(s) to this articles of Incorporation
	is (are):	A THE PARTY OF THE PARTY OF THE PARTY PORTY PORT
•	• •	•

Names

<u>Address</u>

President 100% Of Shares

69 N.W. 27th Avenue Miami Fl 33125.

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this  $1^{st}$  day of March, 2001.

Signature(s) of Incorporator(s)

President

#### H0100002279177

# CERTIFICATE OF DESIGNATIO REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607-325, Florida Statutes, the undersigned Corporation organized under the law 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 Corporation is: X-MAS KV MEDICAL EQUIPMENTS, CORP

2-The name and address of the registered agent and office is:

CARLOS ALVARADO

69 N.W. 27th Avenue Miami, FL 33125.

Signature: Cocks about

Title: President

Date: 03/01/2001

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I, HEREBY AGREE TO ACT IN THIS CAPACITY. AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607-325, FLORIDA STATUTES.

Signature:

To Outer

Date: .....03/01/2001

REGISTERED AGENT FILING FEE: