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Florida Department of State
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.

FENIX MEDICAL SUPPLY INTERNATIONAL INC.

Certificate of Status	0
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01 MAR 13 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. McKnight MAR 14 2001

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TALLAHASSEE, FLORIDA

ARTICLE OF INCORPORATION
OF

FENIX MEDICAL SUPPLY INTERNATIONAL INC.

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 NAME

The name of the corporation shall be: FENIX MEDICAL SUPPLY INTERNATIONAL INC.

The principal place of business of this corporation shall be:
1725 E. 4 th. Ave.
Mialeah, Fl. 33010

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 State, 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 par value that this corporation is authorized to have outstanding at any one time is:

100 X \$10.00 = \$1,000.00

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) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

Roberto Mendez
1725 E. 4 th.Ave.
Hialeah,Fl.33010

Director

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the Incorporator(s) to these Article of Incorporation is (are):

Roberto Mendez
1725 E. 4 th.Ave,
Hialeah,florida 33010

President,Secretary & Treasurer
100 shares

The undersigned has(have) executed these Article of Incorporation this 12 th. day of March, 2001.



Signature/Title

Signature/Title

Signature/Title

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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 corporation is: FENIX MEDICAL SUPPLY INTERNATIONAL INC.

2. The name and address of the registered agent and office is Roberto Mendez

(Name)

1725 E. 4 th.Ave.

(P. O. BOX NOT ACCEPTABLE)

Hialeah, Florida 33010

(CITY/STATE/ZIP)

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HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESI AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FUR THER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMACE OF MY DUTIES AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS MY POSITION AS REGISTERED AGENT.

SIGNATURE 

DATE 3-12-01