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LAZARUS CORPORATE FILING SERVICE (Requestor's Nonice) 3320 S.W. 87 AVENUE	
(Aldress) MIAMI, FLORIDA (305)552–5973 (City, State, Zip) (Phone #)	7000044937475 -07/24/0101064016
TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)	*####78.75 *####78.75 Office use only
CORPORATION NAMIE(S) & DOCUMENT NUMI 1. <u>PNAEL MEDICAL EG</u> (Conformation Flame) 2.	SER(S) (if known): UIPMENT CORP. (Document #)
(Corporation Name)	(Document #)
3(Corporation Name)	
4. (Corporation Name)	(Document #)
H Walk in Rick up time 2.00	Certified Copy
Mail out Will wait Photocopy	Certificate of Status
Limited Liability Change of Regist Domestication Dissolution/Witho Other Merger Other REGISTRATIO OUNCLIFICATIO Pound Fictitious Name Limited Partners	A., Officer/Director ered Agent trawal
Name Reservation Reinstatement Trademark Other	
Uner	Examiner's Initials

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ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

ANAEL MEDICAL EquipMENT

<u>ARTICLE II – PRINCIPAL OFFICE</u>

The principal place of business and mailing of this corporation shall be:

383 W. 34 5t. HIALEAN, FK 33012

ARTICLE III -SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ALFONSO DO CAMPO 4416 W. 10 LANE HIALEAN, FL 53012

<u>ARTICLE V – INCORPORATOR</u>

The name and street address of the incorporator to these Articles of Incorporation is:

ALFONSO DOCAMPO 4416 N. 10 LN HIRIERN, FL 33012

The undersigned incorporator has executed these Articles of Incorporation this $\underline{\mathcal{R3}}_{-}$ day of $\underline{\mathcal{I}}_{-}$

Alforas Do Car po Signature

ARTICLE VI- DIRECTOR(S)

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

ALTONSO DOCAMPO - DIRECTOR. HALLAW. ID LANE. HIALRAH, FA 33012

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.