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LAZARUS CORPORATE FILING SERVICE	01010
(Requestor's Harrie) 3320 S.W. 87 AVENUE	
(Address) MIAMI, FLORIDA (305)552-5973 (City, State, Zip) (Phone #)	2000045397922 -08/17/0101029022 *****78.75 ******78.75
TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)	OFFICE USE ONLY
1. OCEAN MEDICAL SUPP	MER(S) (if known): PLY EQUIPMENT, INC.
2. (Corporation Name)	(Document #)
3. (Corporation Name)	(Document #)
4. (Corporation Name) Walk in Rick up time 2.00	(Document /) Certified Copy
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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:

Ocean Medical Supply Equipment 17

ARTICLE II - PRINCIPAL OFFICE

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

6522 West Flagler ST Miani FL 33144

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:

Tanny Marales 9035 SW 36 ST Miani FL 33165

ARTICLE V - INCORPORATOR

The name and street address	of the inco	rporator to	these Articles	of
Incorporation is:	,	•		-

Larry Merales

9036 SW 36 ST MIAMI FL 33/65

The undersigned incorporator has executed these Articles of Incorporation this 16 day of 29 20 1 20 1 2 <

Signature

ARTICLE VI- DIRECTOR(S)

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

Largey Morales - Prosident

9035 5W 36 ST

Mixui FL 33/65

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.

Registered Agent Signature

01 AUG 17 PH 12: 37
SECRETARY OF STATE
TALLAHASSEE F. SOLL