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LAZARUS CORPORATE FILING SERVICE	
(Requester's Name) 3320 S.W. 87 AVENUE	
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MIAMI, FLORIDA (305)552-5973 (City, State, Zip) (Phone #)	·
TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)	OFFICE USE ONLY
CORPORATION NAME(S) & DOCUMENT NUMBER	BER(S) (if known):
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(Corporation Hatto)	1000045398012
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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:

DME OF SOUTH Floridg INC

#### ARTICLE II PRINCIPAL OFFICE

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

114015W 408T. #327. OMIAMI- FI 33165

# ARTICLE III SHARES

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

500 Shares

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Odalys Guevara. 5464 SW 128 CT. MIAMI-FI 33175 ARTICLE V INCORPORATOR(B)

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

Odalys. Guevara 5404 SW 128et. Minami-Fl 33175 Ann M. Alvarez 2310 SW 122et. Minami Fl 33175

ARTICLE VI DIRECTOR(S)

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

Odalys Cluevara President 5404 SW 128 et MIAMI, FI 33175 And M. Alvarez Vice President 2310 SW 122 et MIAMI FI 33175

The indersigned incorporator(s) has(have) executed these Articles of incorporation this \_\_\_\_\_\_\_day of \_\_\_\_\_\_\_.

Signature

Signature

Signature

Articles of incorporation Filing Fee - \$35

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pur suant to the provisions of sections 607.0501 or 617.0501, Fiorida Statutes, the time ersigned corporation, organized under the laws of the State of Florida, such hits the following statement in designating the registered office/registered agent, in the State of Florida.

•	The name of the corporation is: DME OF South Florida In
•	The name and address of the registered agent and office is:
_	Odalys Quevara
	(NAME)
•	5404 SW 128e7
	(P.O. BOX NOT ACCEPTABLE)
	mi-F/ 33175
	(CITY/STATE/ZIP)

ING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF THE DCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DE SIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS THE SISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGE REE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS RESISTERED AGENT.

SIGNATURE OT AUG 17 PM 1:28

DATE

DATE