Division of Corporations

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

: (850)205-0381 Fax Number

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

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

FLORIDA PROFIT CORPORATION OR P.A.

DL MEDICAL SUPPLIES, INC.

Certificate of Status	0
Certified Copy	1
Page Count	104(5)
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION OF DL MEDICAL SUPPLIES, INC.

ARTICLE I. NAME

The name of this corporation is:
DL MEDICAL SUPPLIES, INC.

ARTICLE II. DURATION

This corporation shall have perpetual existence, unless sooner dissolved in accordance with the laws of the State of Florida.

ARTICLE III. PURPOSE

This corporation is organized for the purpose of transacting any and all business permitted under the laws of the United States of America and the State of Florida.

ARTICLE IV. CAPITAL STOCK

This corporation is authorized to issue FIVE HUNDRED (500) shares of COMMON STOCK, with a par value of TEN (\$10.00) dollars each.

ARTICLE V. AMOUNT OF CAPITAL

The amount of capital with which this corporation will begin business is not less than FIVE THOUSAND (\$5,000.00) DOLLARS.

ARTICLE VI. PREEMPTIVE RIGHTS.

Every shareholder upon the sale for cash of any new stock of this corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his pro rata share thereof (as nearly as may be done without issuance of (fractional shares) at the price at which it is offered to others.

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ARTICLE VII. INITIAL REGISTERED OFFICE, AGENT AND PRINCIPAL OFFICE

The street address of the initial registered office of this corporation is: 211 Flagami Blvd., Miami, Fl 33144

The name of the initial registered agent of this corporation is: Luis M. Calvo

The corporation principal office shall be: 211 Flagami Blvd., Miami, Fl 33144

ARTICLE VIII. INITIAL BOARD OF DIRECTORS.

This corporation shall have (ONE) director(s), initially. The number of director(s) may be either increased or diminished from time to time by the bylaws but shall never be less than ONE (1). The name(s) and address(es) of the initial Board if Director(s) of this corporation is(are);

Luis M. Calvo 211 Flagami Blvd., Miami, Fl 33144

Duniesky Yannelli 14891 SW 70th Street, Miami, Fl 33193

ARTICLE IX. IDEMNIFICATION

The corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by law.

ARTICLE X. INCORPORATORS

The name and address of the persons(s) signing these Articles of Incorporation is (are):

Luis M. Calvo 211 Flagami Blvd., Miami, Fl 33144

Duniesky Yannelli 14891 SW 70th Street, Miami, Fl 33193 IN WITNESS THEREOF, we (I), being all of the original subscriber(s) and incorporator(s) of this Corporation for the purpose of forming a Corporation, do make and file these Articles of Incorporation with the Secretary of the State of Florida, and accordingly set our hands and seal this 10 day of January 2001

Dunieska andie li

Luis M. Alivo

STATE OF FLORIDA COUNTY OF MIAMI-DADE

I HEREBY CERTIFY THAT on this day, before me, a Notary Public, duly authorized in the above-mentioned State and County to take acknowledgments, personally appeared

Luis M. Calvo and Duniesky Yannelli

To me well know and know to be the person(s) described in and who executed these foregoing Articles of Incorporation.

WITNESS my hand and official seal in the City of Miami, County of Miami-Dade and State of Florida, this 10th day of January 2001.

Notary Public

OFFICIAL NOTARY SEAL
FELDY M CACERES
COMPRESS HUNGER
CC753254
IST CONTROL NOTES

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CERTIFICATE DESIGNATING DOMICILE FOR THE SERVICE OF PROCESS WITHIN THE STATE OF FLORIDA NAMING AGENT WHO PROCESS MAY BE SERVED

In pursuance of Chapter 48,091, Florida Statutes, the following is submitted, in Compliance with said act:

First. - That DL MEDICAL SUPPLIES, INC.

Qualified to do business under the laws of the State of Florida with its principal Office at: 211 Flagami Blvd., Miami, Fl 33144

Has appointed: Luis M. Calvo 21 I Flagami Blvd., Miami, Fl 33144

as its agent to accept service of process within this State.

ACKNOWLEDGMENT

Having been named to accept service of process for the above stated Corporation At place designated in this Certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of said Act, relative to keeping open said office.

Luis M. Calyo

Sworn to and subscribed before me, This 10th day of/January 2001

Notary Public

ELIX M CACTALS

CONTROL WITTER

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SECRITARY OF STATE