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EXPRESS CORPORATE FILING SERVICE INC.

(Requestor's Name)

1000 PONCE DE LEON BLVD. STE: 101

(Address)

CORAL GABLES, FL 33134 305-444-4994

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. JUST 'US MEDICAL SUPPLIES, CORP.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☒ Pick up time \_\_\_\_\_ ☒ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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-01/23/02--01075--008  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Examiner's Initials

Date JANUARY 21, 2002

Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

Re JUST'US MEDICAL SUPPLIES, CORP., Inc.  
(name of corporation)

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

\_\_\_\_\_  
(individual's name)

JUST'US MEDICAL SUPPLIES, CORP.

(name of corporation)

MAILING ADDRESS OF CORPORATION		
1202 ADIRONDACK COURT		
APOPKA, FLORIDA 32712		
PHONE		
( 407 )	814-8781	
Area Code	Phone Number	Ext.

ARTICLES OF INCORPORATION

of

JUST'US MEDICAL SUPPLIES, CORP.

(name of corporation)

The undersigned subscriber(s) to these Articles of incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

JUST'US MEDICAL SUPPLIES, CORP.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue FIVE HUNDRED shares ( 500 ) of ONE Dollar(s) (\$ 1.00 ) par. value Common Stock, which shall be designated "Common Shares".

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	LITDEILY LUNA
ADDRESS	1202 ADIRONDACK COURT
CITY	APOPKA STATE FLORIDA ZIP 32712

The principal office, if known, or the mailing address of the corporation is:

NAME	JUST'US MEDICAL SUPPLIES, CORP.
ADDRESS	1202 ADIRONDACK COURT
CITY	APOPKA STATE FLORIDA ZIP 32712

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have ONE ( 1 ) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	LITDEILY LUNA	PRESIDENT/VP/S/T
ADDRESS	1202 ADIRONDACK COURT	
CITY	APOPKA	STATE FLORIDA ZIP 32712
NAME		
ADDRESS		
CITY		STATE ZIP
NAME		
ADDRESS		
CITY		STATE ZIP

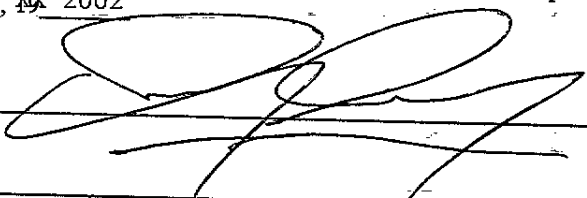
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02 JAN 23 PM 2:20  
TALLAHASSEE  
FLORIDA  
SECRETARY OF STATE

### Article VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	LITDEILY LUNA		
ADDRESS	1202 ADIRONDACK COURT		
CITY	APOPKA	STATE	FLORIDA ZIP 32712
NAME			
ADDRESS			
CITY	STATE	ZIP	
NAME			
ADDRESS			
CITY	STATE	ZIP	

IN WITNESS WHEREOF, the undersigned subscriber (s) have executed these Articles of Incorporation this 21 day of JANUARY, ~~XX~~ 2002

  
 \_\_\_\_\_ (Seal)  
 \_\_\_\_\_ (Seal)  
 \_\_\_\_\_ (Seal)

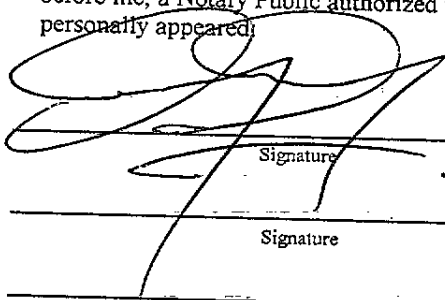
STATE OF FLORIDA

COUNTY OF MIAMI-DADE

)  
SS

before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared:

LITDEILY LUNA

  
 \_\_\_\_\_  
 Signature

FL DL#L500-520-82-611-0

Form of Identification

Signature

Form of Identification

Signature

Form of Identification

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that SHE executed these articles of Incorporation, that I relied upon the form \_\_\_\_\_ of identification of the above named person \_\_\_\_\_ as indicated opposite each name, and that an oath was not taken.

NOTATRY RUBBER STAMP SEAL

Witness my hand and official seal in the County and State last aforesaid this  
21 day of JANUARY, ~~XX~~ 2002

Notary Signature

Primed-Notary Signature

# CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

## *CERTIFICATE OF REGISTERED AGENT OF*

JUST'US MEDICAL SUPPLIES, CORP.

*(name of corporation)*

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:  
The above corporation, desiring to organize under the laws of the State of Florida with  
its registered office as indicated in the Articles of Incorporation  
at 1202 ADIRONDACK COURT

APOPKA, FLORIDA 32712

has named LITDEILY LUNA

located at the aforesaid address, as its Registered Agent to accept service of process  
within this state.

## **ACKNOWLEDGEMENT**

Having been named as Registered Agent to accept service of process for the above  
stated corporation at the place designated in this certificate, and being familiar with  
the obligations of that position, I hereby accept to act in this capacity, and agree to  
comply with the provisions of Florida Law in keeping open said office.

  
*(registered agent)*

**FILED**  
02 JAN 23 PM 2:20  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA