

Florida Department of State

Division of Corporations

Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

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

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

FLORIDA PROFIT CORPORATION OR P.A.

AAA MEDICAL EQUIPMENT SERVICE INC.

Certificate of Status	0
Certified Copy	1
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1/22/02-3-33 PM

ARTICLE OF INCORPORATION

OF

AAA MEDICAL EQUIPMENT SERVICE INC

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

ARTICLE I NAME

The name of the corporation shall be: AAA MEDICAL EQUIPMENT SERVICE INC.

The principal place of business of this corporation shall be:

1011 W. 47 ST. Hialeah, Fl. 33012

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

 $100 \times $10.00 = $1,000.00$

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

02 JAN 22 AM 9: 00
SECRETARY OF STATE

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

ALBERTO REYES 1011 W. 47 St. Hialeah, F1.33012

DIRECTOR

ARTICLE VI INCORPORATOR (S)

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

ALBERTO REYES 1011 W. 47 St. Bislesh, Ft. 33012

PRESIDENT, SECRETARY & TREASURER 100 shares

The undersigned has (have) executed these Article of Incorporation this 22 th. day of January ______, 2002___.

Signature/Title

Signature/Title

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1	The name of the corporation is:_	
	AAA MEDICAL EQUIPMENT SERVICE INC.	⊸ "
2.	The name and address of the registered agent and office	
	(Name)	
	1011 W. 47 ST.	02
	(P. O. BOX NOT ACCEPTABLE)	FIL JAN 22
		FILED
OF AS THE REI	VING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESCRIPTION AS THE PLACE DESCRIPTION AS THE PLACE DESCRIPTION OF ALL STATUTES AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES LATING TO THE PROPER AND COMPLETE PERFORMACE OF MY DUTING IN AMERICAN WITH AND ACCEPT THE OBLIGATIONS OF MY SITION AS MY POSITION AS REGISTERED AGENT.	OO E ESI FUR
	DATE 01-22 02	