TRANSMITTAL LETTER

P02000071110

Department of State Division of Corporations P.O. 6327 Tallahassee, FL 32314

Subject: South Florida Medical Sales International, Inc.

(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

()\$35.00 ()\$43.75 ()\$70.00 (X)\$78.75

From:

Mr. Juan R. Ruiz

Name

7477 SW 82nd Street, #C-317

Address

Miami, FL 33143

City, State & Zip

(305) 662-7096

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

96/2

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:

South Florida Medical Sales International, Inc.

02 JUN 27 PM 3: 37 SECRETARY OF STATE TALLAHASSEE, FI ORION

ARTICLE II PRINCIPAL OFFICE

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

7477 SW 82nd Street, #C-317 Miami, FL 33143

ARTICLE III SHARES

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

1,000 shares of common

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Mr. Juan R. Ruiz 7477 SW 82nd Street, #C-317 Miami, FL 33143

ARTICLE V INCORPORATOR(S)

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

Mr. Juan R. Ruiz 7477 SW 82nd Street, #C-317 Miami, FL 33143

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

Eleventh (11th) day of June , 2002.

Signature

signature

Article of Incorporation Filling Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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:	South Florida Medical Sales International, Inc.	
		ECRE LLAH
2. The name and address of the registere	ed agent and office is:	FILE N27 PN ETARY OF
	Mr. Juan R. Ruiz	E P M
	(Name)	D 3: 37 FLORIO
	7477 SW 82nd Street, #C-317	37 RID
	(P.O. Box not acceptable)	
	Miami, FL 33143	
	(City/State/Zip)	

Having been named as registered agent and to accept service of process for the above state corporation at the 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature