

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.

YUARCEL MEDICAL SUPPLY, INC.

Certificate of Status	0
Certified Copy	1
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ARTICLE OF INCORPORATION

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SECRETARY OF STATE TALLAHASSEE FLORIDA

YUARCEL MEDICAL SUPPLY, 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:

YUARCEL MEDICAL SUPPLY, INC.

The principal place of business of this corporation shall be:

13787 S.W. 66 STREET # D-151 MIAH! , FLORIDA , 33183

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.

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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):

ANA IBIS RAMIREZ (DIRECTOR) 8475 S.W. 94 STREET SUITE 219-E MIAMI, FLORIDA, 33156

ARTICLE VI INCORPORATOR (S)

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

ANA IBIS RAMIREZ PRESIDENT, SECRETARY & TREASURER (100 SHARES) 8475 S.W. 94 STREET SUITE 219-E MIAMI, FLORIDA, 33156

The undersigned has (have) executed these Article of Incorporation this 2nd DAY OF JULY 2002

Signature/Title

Signature/Title

Signature/Title

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

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SECRETARY OF STATE TALLAHASSEE FLORIDA

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:_
	YUARCEL MEDICAL SUFFLY, INC.
2.	The name and address of the registered agent and office
	is Ana Ibis Ramirez
	(Name)
	8475 S.W. 94 STREET SUITE 219-E
	(P. O. BOX NOT ACCEPTABLE)

	MIAMI, FLORIDA, 33156 (CITY/STATE/ZIP)
	(CIII/SIRIE/ZIF)
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HAVI	ING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE
	FAVESCO FUR IDE ABOVE STATED CODDODATION AN MOR SEAS SOCI
	REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FUR RAGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES
	NAME AND EXCEPT AND COMPLETE DEPENDING OF ME DIFFERENCE
	- MY CANTILLAR WITH AND ACCRPT THE ORLYCATIONS AND MAY
r.O.O.T	TION AS MY POSITION AS REGISTERED AGENT.
	10000
	SIGNATURE
	DATE/
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