EXERSE CORPORATE FILING SERVICE INC.  (Requestor's Name)  1000 PONCE DE LEON BLVD. STB: 101  (Addrass)  CORAL GABLES. FL 33134 305-444-4994  (City, State, Zip) (Phone #)  CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):  1.	OFER ASE ON (U.S. A.F.)	273250
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# ARTICLES OF INCORPORATION FOR

## O & M MEDICAL EQUIPMENT CORP.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be:

O & M MEDICAL EQUIPMENT CORP.

# ARTICLE II PRINCIPAL OFFICE

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

1475 W. 38 PL., APT: 206 HIALEAH, FL 33012

## ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have shall be:

SHARES: 100

# ARTICLE IV REGISTERED AGENT

The name and Florida street address of the initial registered agent shall be:

ORLANDO ANTUNEZ 1475 W. 38 PL., APT: 206 HIALEAH, FL 33012

# ARTICLE V INCORPORATOR

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

ORLANDO ANTUNEZ 1475 W. 38 PL., APT: 206 HIALEAH, FL 33012

Signature

ARTICLE VI DIRECTOR(S)/OFFICER(S)

The name(s) and address(es) of the Director(s)/Officer(s) shall be:

ORLANDO ANTUNEZ (P) 1475 W. 38 PL., APT: 206 HIALEAH, FL 33012

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in the articles, 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

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