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Division of Corporations

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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To:

Division of Corporations
Fax Number : (850)205-0381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305) 444-4994
Fax Number : (305) 444-4977

FLORIDA PROFIT CORPORATION OR P.A.

HAMMOCKS MEDICAL SUPPLIES, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

HAMMOCKS MEDICAL SUPPLIES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

9280 SW 150 AVE. STE: 107
MIAMI, FL 33196

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

SHARES: 100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

ENRIQUE DIAZ
5160 SW 5 STREET
MIAMI, FL 33134

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:


ENRIQUE DIAZ
5160 SW 5 STREET
MIAMI, FL 33134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ENRIQUE DIAZ
5160 SW 5 STREET
MIAMI, FL 33134

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Signature/Incorporator / Registered Agent

9-05-02

Date