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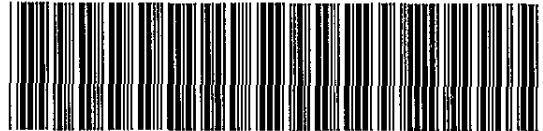
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CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. LISS MARIO MEDICAL EQUIPMENT CORP.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in ☒ Pick up time _____ ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
☒	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☐	Amendment
☐	Resignation of R.A., Officer/Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/ QUALIFICATION	
☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

Examiner's Initials

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:

LISS MARIO MEDICAL EQUIPMENT CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

10310 NW 30 CT.
MIAMI, FL 33147

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 @ \$1.00

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

JUAN M. LLERENA (P)
10310 NW 30 CT.
MIAMI, FL 33147

ARTICLE VI REGISTERED AGENT

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

JUAN M. LLERENA
10310 NW 30 CT.
MIAMI, FL 33147

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JUAN M. LLERENA
10310 NW 30 CT.
MIAMI, FL 33147

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

Juan Llerena
Signature/Registered Agent

Juan Llerena
Signature/Incorporator

10-26-02

Date

10-26-02

Date

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