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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 #)

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

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

	OTHER FILNGS
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

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

Examiner's Initials	

CR2E031(9/92)

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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

10-26-02
Date

Juan Llerena
Signature/Incorporator

10-26-02
Date