

Division of Corporations Public Access System

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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

SECRETARY OF STATE

FLORIDA PROFIT CORPORATION OR P.A.

MED LEASE INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

1 of 2

ARTICLES OF INCORPORATION

MED LEASE INC.

02 NOV 15 PH 4:51
SECRETARY LF STATE
TALLAHASSEE FLORID

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: MED LEASE INC.

The principal place of business of this corporation shall be: 6605 NW 74th Ave, Miami, F1 33166.

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 States, 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 value that this corporation is authorized to have outstanding at any one time is:

1000 shares @ \$1.00 par value.

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(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):

RAUL MEDINA 6605 NW 74th Ave Miami, Fl 33166_

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator (s) to this articles of incorporation is(are):

RAUL MEDINA 6605 NW 74th Ave Miami, Fl 33166.

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of incorporation this, 15th day of November 2002

Signature(s) of Incorporator(s)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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:
-				and boundings

MED	LEA	SE	INC.

2. The name and address of the registered agent and office is:

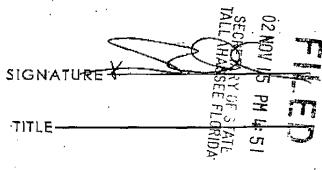
RAUL MEDINA

6605 NW 74th Ave

(P.O. BOX NOT ACCEPTABLE)

Miami, F1 33166.

(CITY/STATE/ZIP)



DATE 11-15-02

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

DATE 11-05-02

H02000226674 8