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PICK-UP WAIT MAIL		
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SECRETARY OF STATE TALLAHASSEE, FLORIDA



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LAZARUS CORPORATE FILING SERVICE	
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TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)	
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·	
CORPORATION NAME(S) & DOCUMENT NUMI	BER(S) (if known):
1. CHICAGO MEDICAL E	QUIPMENT AND SUPPLY
(Corporation Name)	(Document #)
2. $\frac{1}{\sqrt{\frac{1}{2}}}$ (Corporation Name)	(Document #)
3.	
(Corporation Name)	(Document #)
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Mail out Will wait Photocopy	Certificate of Status
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CP2E031/9/92)

ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt the following Articles: of Incorporation.

ORETARY OF STATE WAHASSEE, FLORIDA

ARTICLE I - NAME

The name of the corporation shall be:

Chicago Medical Equipment and Supply. INC.

ARTICLE II - PRINCIPAL OFFICE

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

3394 West 80th Street Unit #202. Hialeah, Florida 33018

ARTICLE III -SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Jaime Alonso Palacio 3394 W. 80 st unit#202 Hialcah, FL 33018

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

Jaime Alonso Palacio 3394 W. 80 St. Unit #202 Hialean, Florida 33018

The undersigned incorporator has executed these Articles of Incorporation this 5 day of 10 1 20 03

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ARTICLE VI- DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

Jaime Alonso Palacio 3394 W. 80 St. Unit#202. Hialeah, Florida 33018

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature