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CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):		
1. XTREME MEDICAL	SUPPLY INC.	
(Corporation Name)	(Document #)	
2. (Corporation Name)	(Document #)	
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FILED ARTICLES OF INCORPORATION

03 MAY 21 PM 2:55

The undersigned Incorporator(s), for the purpose of forming GETARY OF STATE corporation under the Florida Business Corporation Act, hereby/adopt(s) IRIDA the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

Xtreme Medical Supply inc.

<u> ARTICLE II – PRINCIPAL OFFICE</u>

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

9061 SW 49 St Minni FL 33155

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:

LLohandey Fuster. 7061 SW 47 st Main Fl. 33155

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SECRETARY OF STATE
FALLAHASSEE FLORIDA

ARTICLE V - INCORPORATOR

ARTICLE VI- DIRECTOR(S)

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

LLohandey Fuster (President) 7061 sw 49 st Mami FL 33155

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 Agens Signature