

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0381

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Account Name : BUSINESS WORLD TRANSACTIONS, INC.

Account Number : 104512000707 Phone : (305)266-4080 Fax Number : (305)221-2388

FLORIDA PROFIT CORPORATION OR P.A.

ALBERTO'S MEDICAL EQUIPMENT, CORP.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

5-30-03

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ARTICLES OF INCORPORATION

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

> ARTICLE I NAME

The name of the corporation shall be ALBERTO'S MEDICAL EQUIPMENT, CORP.

ARTICLE II PRINCIPAL OFFICE

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

6224 N.W. 180 TERR. MIAMI, FL. 33015

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One Thousand (1,000) shares of One Dollar (\$1,00) par value common stock, which shall be designated UCOMMON SHARES.

ARTICLE IV

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ALBERTO ARROYAVE 6224 N.W. 180 TERR. MIAMI, FL. 33015

Prepared by: ALBERTO ARROYAVE 6224 N.W. 180 TERR. MIAMI, FL. 33015 (305) 822-6290

Electronically Sent By: BUSINESS WORLD TRANSACTIONS, INC. 3850 S.W. 87 AVE. SUITE 307 MIAMI, FL. 33165

(305) 2664080

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ARTICLE V INCORPORATOR(S)

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

ALBERTO ARROYAVE 6224 N. W. 180 TERR. MIAMI, FL. 33015 DIRECTOR & PRESIDENT

JAMES ARROYAVE 6224 N.W. 180 TERR. MIAMI, FL. 33015 DIRECTOR & VICEPRESIDENT

MARINA ARROYAVE 6224 N.W. 180 TERR. MIAMI, FL. 33015 TREASURY

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

29 day of MPY 20 03

Signature

Signature

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03 MAY 30 AM 9: 02 SECRETARY OF STAIL TALLAHASSEE, FLORING

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, 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 is: ALBERTO'S MEDICAL EQUIPMENT, CORP.
- 2. The name and address of the registered agent and office is:

ALBERTO ARROYAVE 6224 N. W. 180 TERR. MIAMI, FL. 33015

Having been named as registered agent and to accept service of process for the above stated corporation at the 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(DATE)

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