

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : BUSINESS WORLD TRANSACTIONS, INC.
Account Number : 104512000707
Phone : (305) 266-4080
Fax Number : (305) 221-2388

FLORIDA PROFIT CORPORATION OR P.A.

Y.V. MEDICAL DELIVERY, CORP.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

B. 6/26

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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 Y.V. MEDICAL DELIVERY, CORP.

ARTICLE II

PRINCIPAL OFFICE

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

1020 N.W. 6 ST. # 2
MIAMI, FL. 33126

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 [COMMON SHARES.]

ARTICLE IV

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

YOEL VALDES
1020 N.W. 6 ST. # 2
MIAMI, FL. 33126

Prepared by: YOEL VALDES
1020 N.W. 6 ST. # 2
MIAMI, FL. 33126
(305) 325-0200

Electronically Sent By: BUSINESS WORLD TRANSACTIONS, INC.
3850 S.W. 87 AVE. SUITE 307
MIAMI, FL. 33165
(305) 2664080

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FROM : PETER GONZALEZ

---PEZ FAX NO. : 3058688988

--- Jun. 25 2003 05:03PM P3

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**ARTICLE V
INCORPORATOR(S)**

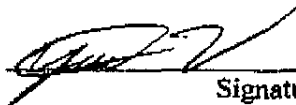
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

YOEL VALDES
1020 N.W. 6 ST. #2
MIAMI, FL. 33126

DIRECTOR & PRESIDENT

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

17 day of JUNIO, 2003.



Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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FROM : PETER GONZALEZ

---PEZ FAX NO. : 3058688988

---Jun. 25 2003 05:03PM P4

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TALLER
STATE
FLORIDA

**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: Y.V. MEDICAL DELIVERY, CORP.

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

YOEL VALDES
1020 N.W. 6 ST. # 2
MIAMI, FL. 33126

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.


(SIGNATURE)

(DATE) 6/17/03

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