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| OFFICE USE ONLY(DOCUMENT #)  |                                       |  |
| LAZARUS CORPORATE FILI       | NG SERVICE                            |  |
| 3320 S.W. 87 AVENUE          |                                       |  |
| MIAMI, FLORIDA (305)552-5973 |                                       |  |
| TERESA ROMAN (TALLAHASSEE R  | EPRESENTATIVE)                        |  |
|                              | OFFICE USE ONLY                       |  |
| CORPORATION NAME(s) & D      | OCUMENT NUMBER(S) (if known):         |  |
| 1. GABRIEL ME                | DICAL EQUIPMENT, INC.                 |  |
| (Corporation Name)           | (Document #)                          |  |
| Z. (Corporation Name)        | (Document #)                          |  |
| 3. (Corporation Name)        | {Document #}                          |  |
| 4                            | ·                                     |  |
| (Corporation Name)           | (Document #)                          |  |
| Walk in Pick up time         | 2.00 Certified Copy                   |  |
| Mail out Will wait           | Photocopy Certificate of Status       |  |
| NEW FILINGS                  | AMENDMENTS                            |  |
| Profit                       | Amendment                             |  |
| NonProfit                    | Resignation of R.A., Officer/Director |  |
| . Limited Liability          | Change of Registered Agent            |  |
| Domestication                | Dissolution/Withdrawal                |  |
| Other                        | Merger                                |  |
|                              |                                       |  |
| OTHER FILNGS                 | REGISTRATION/<br>QUALIFICATION        |  |
| Annual Report ·              | Foreign                               |  |
| Fictitious Name              | Limited Partnership                   |  |
| Name Reservation             | Reinstatement                         |  |

Trademark

Examiner's Initials

Other

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## ARTICLES OF INCORPORATION

03 AUG -8 PH 12: 27

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

## ARTICLE I - NAME

The name of the corporation shall be:

GABRIEL Medical Equipment, INC.

# ARTICLE JI - PRINCIPAL OFFICE

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

9745 S.W. 72nd Street, Suite 116-E MiAMI, Florida 33173

#### ARTICLE III -SHARES

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

100

## <u>ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS</u>

The name and address of the initial registered agent is:

Yesevii SANTANA 2349 S.W. 148ct. MiAMI, F/A 33/85

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03 AUG -8 PH 12: 27

SECRETARY OF STATE TALLAHASSEE FLORIDA

# ARTICLE V - INCORPORATOR

| The name and street address of the in | corporator to | these Articles of |
|---------------------------------------|---------------|-------------------|
| Incorporation is:                     | Yesewii       | SANTANA           |
| 2349 S.W. 148 ct                      | Polardo       | SANTANA           |
| miami Florida 33/85                   | _ NOITHOO     | 21/10/4/21        |

The undersigned incorporator has executed these Articles of Incorporation this 7 day of august

<u>ARTICLE VI- DIRECTOR(S)</u>

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

Yesevii SANTANA President Rolando SANTANA Vice-President 2349 S.W. 148 ct MiAMI Florida 33/15

### 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.

legistered Agent Signature