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SECRETARY OF STATE
TALLARYSSEE, FLORIDA

TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:A IVI	edical Equipment Solutions	•	
-	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	a check for:
\$70.00	□ \$78.75	☑ \$78.75	□ \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
			Status
		ADDITIONAL CO	PY REQUIRED
v	Oritza Canabar		
FROM: Y	aritza Sanchez	(D) (1)	
· · · ·	Name	(Printed or typed)	
	214 N. Goldenrod Rd., St	e A-6	
		Address	
	Orlando, Florida 32807		
•	City	, State & Zip	
	407-383-7408 / 407- 381-	9018	
	Daytime '	Telephone number	

NOTE: Please provide the original and one copy of the articles.



September 24, 2003

YARITZA SANCHEZ 214 N. GOLDENRD STE A-6 ORLANDO, FL 32807

SUBJECT: A MEDICAL EQUIPMENT SOLUTIONS CORPORATION

Ref. Number: W03000027402

We have received your document for A MEDICAL EQUIPMENT SOLUTIONS CORPORATION. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

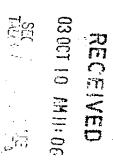
The document number of the name conflict is P98000065275.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole Document Specialist New Filings Section

Letter Number: 703A00052669



ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Medical

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: Goldenrod Business Center

214 N.Goldenrod Rd., Ste A-6 Orlando, Florida 32807

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

To make a profitable business selling durable medical equipment.

ARTICLE IV

The number of shares of stock is:

One Hundred

INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Chief Executive Officer Yaritza Sanchez 214 N. Goldenrod Rd., Ste A-6 Orlando, Florida 32807

Vice-President

Yazmin Colon

214 N. Goldenrod Rd., Ste A-6 Orlando, Florida 32807

Treasurer

Reiner Sanchez

214 N. Goldenrod Rd., Ste A-6 Orlando, Florida 32807

REGISTERED AGENT ARTICLE VI

The name and Florida street address of the registered agent is:

Yaritza Sanchez Goldenrod Business Center 214 N. Goldenrod Rd., Ste A-6 Orlando, Florida 32807

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Yaritza Sanchez Goldenrod Business Center 214 N. Goldenrod Rd., Ste A-6 Orlando, Florida 32807

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, Lam familiar with and accept the appointment as registered agent and agree to act in this capacity

09/18/03

Date

09/18/03

Date