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3320 S.W. 87 AVENUE				
MIAMI, FLORIDA (305)552-5973				
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	DOCUMENTAL DESIGNATION OF THE PARTY OF THE P			
CORPORATION NAME(S) & 1	DOCUMENT NUMBER(S) (if known):			
1. KAYSER ME	DICAL SUPPLY INC.			
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2. (Corporation Name)	(Document #)			
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NEW FILINGS	AMENDMENTS			
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NonProfit	Resignation of R.A., Officer/Director			
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OTHER FILINGS	REGISTRATION/			
Annual Report	QUALIFICATION			
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Limited Partnership

Examiner's Initials

Reinstatement

Trademark

Other

Name Reservation

## ARTICLES OF INCORPORATION

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:

KAYSER MEDICAL SUPPLY INC

# ARTICLE II - PRINCIPAL OFFICE

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

191 E 52 PL HIALEAN FIA 33013.

# 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:

Yudid A LONSO 191 E 52 PC. HIALEAN FIB 33.013. 2003 NOV -6 PH 1: 31

### ARTICLE V - INCORPORATOR

The name and street	address	of the	incorporator	to these	Articles	of
Incorporation is:		-	•			•

Yudid Alorso
191 E 57 PU
418CEAN FIB. 33.013

The undersigned incorporator has executed these Articles of Incorporation this 5 day of 12 70 2003

Signature

#### ARTICLE VI- DIRECTOR(S)

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

JUDID ALONSO

191 E = 57 PC.

HIALEAN FIR 33013

(PRESIDENT)

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## 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 Agent Signature