Florida Department of State

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To:

Division of Corporations

Fax Number

: (850)205-0381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696

FLORIDA PROFIT CORPORATION OR P.A.

o & 1 medical equipment, inc.

Certificate of Status	0
Certified Copy	: 1
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Electronic Filing Manu-

Corporate Filing

P.81/82

Articles of Incorporation

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE! NAME

The name of the corporation shall be: O&L Medical Equipment. Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 5460 West 26 Ave Hialenk, Florida 33016

SHARES ARTICLE III

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: The number shares which this corporation shall have the authority to issue is 100 shares of common stock NO PAR VALUE. Each there shall have equal rights to each other share with respect to dividends voting and in liquidation.

INITIAL REGISTERED AGENT & STREET ADDRESS ARTICLEIV

The name and Florida street address of the initial registered agent are:

Lazaro Melendez 5460 West 26 Ave Hizlenh, Florida 33016

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are: Lazaro Melendez 5460 West 26 Ave Higlesh, Florida 33016

ARTICLE VI OFFICERS AND DIRECTORS

Lazaro Melendez 5460 West 26 Ave Hisleah, Florida 33016

1-8-04

(An additional article must be added if an effective date is requested.)

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 appoint ment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statues 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/Registered Agent