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OFFICE USE ONLY(DOCUMENT #)	,	
LAZARUS CORPORATE FIL	ING SERVICE	
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CORPORATION NAME(S) &	DOCUMENT NUMBER(S) (if known):	
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1. (Corporation Name)	Document #	
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NonProfit	Resignation of R.A., Officer/Director	
. Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	
Other	Merger	
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OTHER FILINGS	REGISTRATION/	
Annual Report .	QUALIFICATION	
Fictitious Name	Foreign	
Name Reservation	Limited Partnership	
<u> </u>	Reinstatement	
	Trademark	

Other

Examiner's Initials

CR2E031(9/92)

ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s)

ARTICLE I - NAME

The name of the corporation shall be:

YAJO Medical equipmentinc.

ARTICLE II - PRINCIPAL OFFICE

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

12818 SW 8 ST, Migmi, H, 33184.

ARTICLE III -SHARES

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

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Cecilia Y. Arias 12818 SW 8 ST, Miami, F1, 33184.

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:
Cocilia Y-Arias
12818 SW 85T, Miami, 4, 33184
The undersigned incorporator has executed these Articles of Incorporation this 12 day of 100 fg 2004.
Signature

ARTICLE VI- DIRECTOR(S)

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

Cecilia Y. Anias (P) 12818 SW 8 ST, Mianni, H, 33184.

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