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Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

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From:

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: EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

: (305)634-3694

Fax Number

: (305)633-9**696**

FLORIDA PROFIT CORPORATION OR P.A.

enterprise medical supply inc.

Certificate of Status	0
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Articles of Incorporation 7014

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

ARTICLE I NAME

The name of the corporation shall be: Enterprise Medical Supply Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 6365 Taft Street Suite 3007

Hollywood. Florida 33024

ARTICLE III SHARES

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 share shall have equal rights to each other share with respect to dividends voting and in liquidation.

ARTICLE IV INITIAL REGISTERED AGENT & STREET ADDRESS

The name and Florida street address of the initial registered agent are:
Marlene Martinez
6365 Test Street Suite 3007

6365 Taft Street Suite 3007 Hollywood, Florida 33024

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of incorporation are:

Mariene Martinez 6365 Taft Street Suite 3007 Hollywood, Florida 33024

ARTICLE VI OFFICERS AND DIRECTORS

Mariene Martinez 6365 Taft Street suite 3007 Hollywood, Florida 33024

Signature/Incorporator

Bare

(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 certicate, 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

Date

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SECRETARY OF SIGHTA TALLAHASSEE, FLORIDA