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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.

xmedx, inc.

Certificate of Status	0
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(4)

ARTICLES OF INCORPORATION

OF

XMEDX, INC.

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: XMEDX, INC.

ARTICLE II PRINCIPAL OFFICE

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

XMEDX, INC
10770 SW 95th STREET
MIAMI, FL 33176

ARTICLE III CAPITAL STOCK

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

500

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

MR. ELIAS R. ARTZE
10770 SW 95th STREET
MIAMI, FL 33176

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ARTICLE V INCORPORATOR(S)

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

MR. ELIAS R. ARTZE (50% of the Stocks)
10770 SW 95th STREET
MIAMI, FL 33176

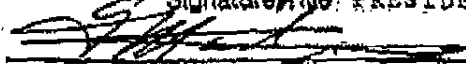
MR. GUILLERMO A. MARTIN (50% of the Stocks)
8916 SW 11th STREET
MIAMI, FL 33174

The undersigned has(have) executed these Articles of Incorporation this

Twenty two day of JULY, 2004



Signature/Title: PRESIDENT



Signature/Title: VICE-PRESIDENT

Signature/Title

WORN TO THE SUBSCRIBED BEFORE ME
THIS 22nd DAY OF JULY A.D. 2004



NOTARY PUBLIC STATE OF FLORIDA
COMMISSION EXPIRES: September 26, 2007



**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: XMEDX, INC

2. The name and address of the registered agent and office is:

MR. ELIAS R. ARTZE

(P.O. BOX NOT ACCEPTABLE)

10770 SW 95th STREET MIAMI, FL 33176

(CITY/STATE/ZIP)

SIGNATURE *Elias R. Artze*
(corporate officer)

TITLE PRESIDENT

DATE JULY 22nd 2004

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

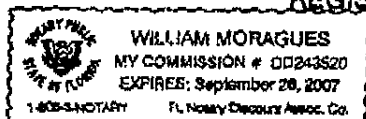
SIGNATURE *Elias R. Artze*

DATE JULY 22nd 2004

NOTARY PUBLIC STATE OF FLORIDA
COMMISSION EXPIRES: September 28, 2007

William Moragues
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION EXPIRES: September 28, 2007

REGISTERED AGENT FILING FEE: \$20.00



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