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CORPORATION NAME(S) & DOC	UMENT NUMBER(S) (if known):	
1. LINK MEDICAL	PX. INC.	
(Corporation Name)	(Document #)	
2. (Corporation Name)	(Document #)	
(Corporation Name)	(Document #)	
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OTHER FILINGS	REGISTRATION/ QUALIFICATION	
Annual Report Fictitious Name	Foreign	
Name Reservation	Limited Partnership	
INDITION TO SEL VALUETI	Reinstatement	
	Trademark	
	Other The Auto-Inc.	

Examiner's Initials

# 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 1 - NAME

The name of the corporation shall be:

LINK MediCAL RX, INC.

ARTICLE II - PRINCIPAL OFFICE

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

780 NW Le Seune R.C., Suite 318 Mirami, MA. 33126

ARTICLE III - SHARES

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

100 shakes

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

GEOVANNI ROMERO 10233 NW 9 ST. Circle MIAMI, FLA

# ARTICLE V - INCORPORATOR

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

500 n.w. Le Teune Rd maii, H. 33126.

The undersigned incorporator has executed these Articles of Incorporation this 24 day of 20 04

## ARTICLE VI- DIRECTOR(S)

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

Abel Rodriguez, PRESIDENT. DENNY SANCHEZ, VICE PRESIDENT. GEOVANNI ROMERO, TREMERER.

### 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