

Division of Corporations

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Florida Department of State
Division of Corporations
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FLORIDA PROFIT CORPORATION OR P.A.

TOWERS MEDICAL EQUIPMENT, INC

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ARTICLES OF INCORPORATION
OF
TOWERS MEDICAL EQUIPMENT , INC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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THE UNDERSIGNED INCORPORATOR(S) FOR THE PURPOSE OF
FORMING A CORPORATION UNDER THE FLORIDA GENERAL
CORPORATION ACT, HEREBY ADOPT(S) THE FOLLOWING
ARTICLES OF INCORPORATION.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:
TOWERS MEDICAL EQUIPMENT , INC

THE PRINCIPAL PLACE OF BUSINESS OF THIS CORPORATION
SHALL BE:

11045 SW 180TH ST , MIAMI, FLORIDA, 33157

ARTICLE II NATURE OF BUSINESS

THIS CORPORATION MAY ENGAGE IN OR TRANSACT ANY OR ALL
LAWFUL ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS
OF THE UNITED STATES, THE STATE OF FLORIDA, OR ANY OTHER
STATE ,COUNTY, TERRITORY OR NATION.

ARTICLE III CAPITAL STOCK

THE AGGREGATE NUMBER OF SHARES OF STOCK AND ITS VALUE
THAT THIS CORPORATION IS AUTHORIZED TO HAVE
OUTSTANDING AT ANY TIME ONE TIME IS : 100 SHARES

ARTICLE IV TERM OF EXISTENCE

THIS CORPORATION IS TO EXIST PERPETUALLY.

ARTICLE V OFFICERS DIRECTORS

THE NAME(S) AND STREET ADDRESS(ES) OF THE INITIAL OFFICER
(S) AND DIRECTORS(S) , IF ANY, WHO SHALL HOLD OFFICE THE
FIRST YEAR OF THE CORPORATION'S EXISTENCE OR UNTIL
THEIR SUCCESSOR(S) IS (ARE) ELECTED, IS (ARE):

BORIS FERRER 11045 SW 180TH ST , MIAMI, FLORIDA, 33157

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ARTICLE VI INCORPORATOR(S)
THE NAME(S) AND STREET ADDRESS(ES) OF THE INCORPORATOR(S)
TO THIS ARTICLES OF INCORPORATION IS (ARE):

BORIS FERRER 11045 SW 180TH ST, MIAMI, FLORIDA, 33157

IN WITNESS WHEREOF, THE UNDERSIGNED INCORPORATOR(S)
HAS (HAVE) EXECUTED THESE ARTICLES OF INCORPORATION
THIS 17TH DAY OF OCTOBER 2004.-

SIGNATURE(S) OF INCORPORATOR(S)



BORIS FERRER - PRESIDENT

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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
STATEMENTS IN DESIGNATING THE REGISTERED OFFICE/REGISTERED
AGENT, IN THE STATE OF FLORIDA.

1.- THE NAME OF THE CORPORATION:
TOWERS MEDICAL EQUIPMENT, INC

2.- THE NAME AND ADDRESS OF THE REGISTERED AGENT AND
OFFICE IS:

BORIS FERRER 11045 SW 180TH ST MIAMI, FLORIDA, 33157

SIGNATURE _____

TITLE: PRESIDENT

DATE: OCTOBER 17TH, 2004

HAVING BEEN NAMED TO ACCEPT SERVICES OF PROCESS FOR THE
ABOVE STATE 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
OBLIGATION OF THE SECTION 607.325, FLORIDA STATUTES.

SIGNATURE _____

DATE: OCTOBER 18TH, 2004

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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