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CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):		
1. PERFERRED MEDICAL SUPPLY, INC.		
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2. (Corporation Name)	(Document #)	
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Domestication	Dissolution/Withdrawal	
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OTHER FILINGS	REGISTRATION/ QUALIFICATION	
Annual Report	Foreign	
Fictitious Name	Limited Partnership	
Name Reservation	Reinstatement	
	Trademark	
·	Other	
L	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 I - NAME

The name of the corporation shall be:

PERFERRED MEDICAL SUPPLY, INC.

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ARTICLE II - PRINCIPAL OFFICE

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

1820 SW 100 Ave Suite 3 Miramar, FL 33025

ARTICLE III – SHARES

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

100 Shares

ARTICLES IV – INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JOHN JUELICH 5542 SW 88th Terr. Cooper City, FL 33328

ARTICLE V - INCORPORATOR

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

JOHN JUELICH 5542 SW 88th Terr. Cooper City, FL 33328

The undersigned incorporator has executed these Articles of Incorporation this 1st day of

January 2005

Signature

<u>ARTICLE VI – DIRECTOR(S)</u>

The names and street addresses of the directors to these Articles of Incorporation are:

President / Secretary

John Juelich

5542 SW 88th Terr.

Cooper City, FL 33328

Vice President / Treasurer

Maria Juelich

5542 SW 88th Terr.

Cooper City, FL 33328

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