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XIOMARA LEE, P.A.

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : XIOMARA LEE, P.A.
Account Number : I20040000008
Phone : (305) 262-2323
Fax Number : (305) 262-2324

FLORIDA PROFIT CORPORATION OR P.A.

KT MORALES MEDICAL SUPPLIES INC.

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$87.50

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

KT MORALES MEDICAL SUPPLIES INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2562 SW 8 ST
MIAMI, FL 33135

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SALES OF MEDICAL SUPPLIES

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

SOLCHYS PEREZ(PRESIDENT/DIRECTOR) DAYLEN VILA(VICE PRESIDENT/DIRECTOR)
2562 SW 8 ST 2562 SW 8 ST
MIAMI, FL 33135 MIAMI, FL 33135

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

SOLCHYS PEREZ
2562 SW 8 ST
MIAMI, FL 33135

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SOLCHYS PEREZ
2562 SW 8ST
MIAMI, FL 33135

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

1/19/2005

Date



Signature/Incorporator

1/19/2005

Date