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To:

Division of Corporations

Fax Number : (850)205-0381

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone : (305)634-3694
Fax Number : (305)633-9696

FLORIDA PROFIT CORPORATION OR P.A.

dura-med supply inc.

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Articles of Incorporation

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The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation $APR \mid U \mid A \mid q_1 \mid q_2 \mid q_3 \mid q_4 \mid q_5 \mid q$

ARTICLE I NAME

The name of the corporation shall be:

Dura-med Supply Inc.

SECRETARY OF STATE TALLAHASSEE. FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

7550 SW 132nd PL

Miami, FL 33183

ARTICLE III SHARES

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

The number shares which this corporation shall have the authority to issue is 100 shares of common stock NO PAR VALUE. Each share shall have equal rights to each other share with respect to dividends voting and in liquidation.

ARTICLE IV INITIAL REGISTERED AGENT & STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Jesika Mariam Polack

7550 SW 132nd PL

Miami, FL 33183

ARTICLE V INCORPORATOR

Signature/Incorporator

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

Jesika Mariam Polack

7550 SW 132nd PL

Migmi, FL 33183

ARTICLE VI OFFICERS AND DIRECTORS

Jesika Mariam Polack

7550 SW 132nd PL

Miami, FL 33183

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certicute, I hereby accept the appoint ment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statues relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature/Registered Agent

Date

mcmm960783