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From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone: (305)634-3694

Fax Number : (305)633-9696

FLORIDA PROFIT CORPORATION OR P.A.

better living medical supply inc.

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FLORIDA DEPARTMENT OF STATE Glende E. Hood Secretary of State

June 28, 2005

EMPIRE CORPORATE KIT COMPANY

SUBJECT: BETTER LIVING MEDICAL SUPPLY INC REF: W05000031355

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Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314



HO5000156743 ARTICLES OF INCORPORAT

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation

<u>ARTICLE I - NAME</u>

The name of the corporation shall be: Better Living Medical Supply Inc.

<u> ARTICLE II - PRINCLE OFFICE:</u>

The principle office of business and mailing address of this corporation shall be: 6363 Taft Street, Suite 104 Miami, FL 33024

<u> ARTICLE III - SHARES</u>

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

Michael Sanz 6363 Taft Street, Suite 104 Miami, FL 33024

<u>ARTICLE VI - INITIAL REGISTERED AGENT AND STREET ADDRESS</u>

The name and Florida Street address of the registered agent is: Michael Sanz 6363 Taft Street, Suite 104 Miami, FL 33024 ".

ARICLE VII - INCORPORATOR

The name and address of the Incorporator is: Michael Sanz 6363 Taft Street, Suite 104 Miami, FL 33024

· 24-05

Signature/Leosporator

(An additional article must be added if an effective date is requested.) Having been named at registered agent and to accept service of process for the above stated corpora ion at the place designated in this certicale, I hereby accept the appoint meet as registered agent and agree to eat in t its capacity. I further agree to comply with the provisions of all statues relating to the proper and complete perform vice of my duties, and I am familiar with and accept the obliquations of my position as registered agent.

Signatura/Registered Agent

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