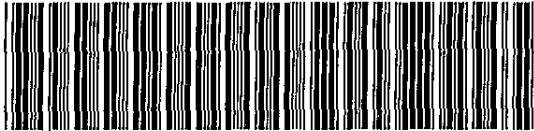


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(City/State/Zip/Phone #)

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. LAND J. HEALTH CARE SUPPLIES CORP.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
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NEW FILINGS

- Profit
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 Limited Liability
 Domestication
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AMENDMENTS

- Amendment
 Resignation of R.A., Officer/Director
 Change of Registered Agent
 Dissolution/Withdrawal
 Merger

OTHER FILINGS

- Annual Report
 Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
 Limited Partnership
 Reinstatement
 Trademark
 Other

Examiner's Initials

**ARTICLES OF CORPORATION
OF**

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:

LAND J. HEALTH CARE SUPPLIES CORP.

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TALLAHASSEE, FLORIDA

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ARTICLE II PRINCIPAL OFFICE:

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

**10300 SUNSET DR. SUITE # 482
MIAMI,FLORIDA, 33173**

ARTICLES III - PURPOSES AND BRANCHES

**Buying and selling health care supplies. Export and import such supplies. Opening
branches in the United States of America and all over the world.**

ARTICLES IV CAPITAL STOCK

The number of shares of stocks . That this Corporation is authorized to
have outstanding at any one time is: 100 shares with value of \$ U.S.5.00
each. Total \$ U.S. 500.00 (Five hundred dollars)

**ARTICLES V INITIAL REGISTERED AGENT
AND ADDRESS:**

Corp. Page 2.-
BLADIMIR FONSECA : 9494 SW 39 ST. MIAMI,FL. 33165
PHONE No. 786-488-6618

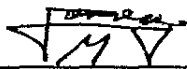

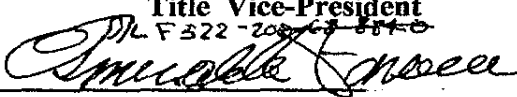
ARTICLES V INCORPORATOR (S)

The name (s) and street address (es) of the incorporator (s) to these Articles of the Incorporation is (are) :

BLADIMIR FONSECA
9494 SW 39 ST.
MIAMI,FL. 33165

PRESIDENT: BLADIMIR FONSECA
VICE-PRESIDENT: ESMERALDA FONSECA
TREASURER: ESMERALDA FONSECA

The undersigned has (have) executed these Articles of Incorporation this:
LAND J. HEALTH CARE SUPPLIES CORP.


Signature: _____ Title President
0/2 F 512-060-69-0630

Signature: _____ Title Vice-President
PL F 522-208-67-5540

Signature: _____ Title of Treasurer

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT - REGISTERED OFFICE**

Pursuant to the provisions of Section 607,325, Florida Statutes, the undersigned corporation, organized under the Law of the State of Florida, submits the following statement in designating the registered office/ registered agent in the State of Florida.

1- The name of the Corporation is: **LAND J. HEALTH CARE SUPPLIES CORP.**

2- The name and address of the Registered Agent and Office is:

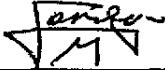
**BLADIMIR FONSECA
9494 SW 39 ST.
MIAMI, FL. 33165. Office: 10300 SUNSET DR.# 482
MIAMI, FL. 33173**

Signature of Corporate Officer

Title: **President.**

Date: **JULY 08, 2005**

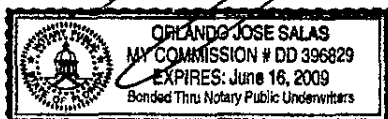
Having named to accept service on process for the above stated corporation at the place designated in this certificate, I hereby agree to act in this capacity and I further agree to comply with performance of my duties, and I accept the duties and obligations of Section 607.325. Florida Statutes.

Signature: 

Date: **JULY 08, 2005**
D/L F522-666-64-063-D

Sworn and subscribed before me:
Miami, Florida. **JULY 08, 2005**

Notary Public: 



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