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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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LAZARUS CORPORATE FILING SERVICE

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| CORPORATION NAME(S) & DOCU | MENT NUMBER(S), | (if known): |
| ALSIM MEDICA | AL SUPPL | Y INC. |
| (Corporation Narne) | (Document #) | |
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| (Corporation Name) | (Document #) | |
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| Walk in Pick up time | 2.00 | Certified Copy |
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| NEW FILINGS | AMENDMENTS | |
| Profit | Amendment | |
| Not for Profit Limited Liability | Resignation of Change of Reg | R.A., Officer/Director |
| Domestication | Dissolution/Wi | |
| Other | ☐ Merger | |
| OTHER FILINGS | REGISTRATION/QUALIFICATION | |
| Annual Report | Foreign | |
| ☐ Fictitious Name | Limited Partne Reinstatement | rship |
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| · | Other | |
| | | Examiner's Initials |
| R2E031(7/97) | • | 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

THE NAME OF THE CORPORATION SHALL BE:

Alsimon Medical Supply Inc

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS CORPORATION SHALL BE:

10000 NM 80 07 # 2424

ARTICLE III SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS INCORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

100

ARTICLE IV

INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS:

1000 NM 80 CT #5

ARTICLE V INCORPORATOR(R)

THE NAMES AND STREET ADDRESS(ES) OF THE INCORPORATOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE):

ARTICLE VI DIRECTORIS)

Alexandro E. Alamo

10000 NW. 80 CT# 2424

Hidiah Fl 33016

THE NAME(S) AND STREET ADDRESS(ES) OF THE DIRECTOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE):

Alejandro E. Alamo 10000 N.W. 80 Ct # 2424 Hudeah Fl. 33016

THE UNDERSIGNED INCORPORATOR(S) HAS (HAVE) EXECUTED THESE ARTICLES OF INCORPORATION THIS 16 DAY OF 2005

SIGNATURE

SIGNATURE

CERTIFICATE OF DESIGNATION REGISTERED AGENT\REGISTERED OFFICE

PERSUANT TO THE PROVISIONS OF SECTIONS 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGEN, IN THE STATE OF FLORIDA.

THE NAME OF THE CORPORATION IS: THE NAMES AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS: 4646# DOB W.W 00001 ADDRESS CITY, STATE, ZIP Healeal ,33016, HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATE CORPORATION AT THE 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 PERTAINING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIE, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT SIGNATURE/