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XIDMARA LEE PA

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 203-0381

From:

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

L MEDICAL EQUIPMENT INC

Certificate of Status	1
Certified Copy	1
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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:

L MEDICAL EQUIPMENT INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/trailing address is:

2651 SW 20 ST STE 2

MIAMI, FL 33142

ARTICLE III PURPOSE

The purpose for which the corporation is organized is,

ANY AND ALL LAWFUL BUSINESS

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):

LAZARO MARTINEZ, 10390 SW 27 ST MIAMI, FL 33166 PRESIDENT DIRECT

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

LAZARO MARTINEZ, 10390 SW 27 ST MIAMI, FL 33166

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LAZARO MARTINEZ, 10390 SW 27 ST MIAMI, FL 33166

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TALLAHASSEE, FLORIDA

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

Lazaro Martinez
Signature/Registered Agent

08-31-2005

Date

Lazaro Martinez
Signature/Incorporator

08-31-2005

Date

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