

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

: (850)205-0381 Fax Number

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : 12000000146 : (305)444-4994 Phone

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FLORIDA PROFIT CORPORATION OR P.A.

CITY TEAM MEDICAL SUPPLY, INC.

| Certificate of Status | 0 |
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| Certified Copy | 1 |
| Page Count | 02 |
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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:

CITY TEAM MEDICAL SUPPLY, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2500 NW 79TH AVE SUITE: 243 DORAL FL 33122

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):

LILA CASTILLO - PRESIDENT 2500 NW 79TH AVE SUITE: 243 DORAL FL 33122

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

LILA CASTILLO 2500 NW 79TH AVE SUITE: 243 DORAL FL 33122

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LILA CASTILLO 2500 NW 79TH AVE 8UITE: 243 DORAL FL 33122

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

Signature/Incorporator Registered Agent

09-22-05

Date

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