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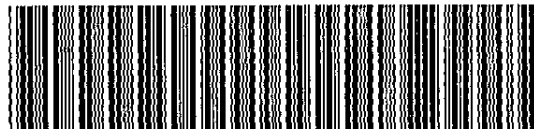
(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. McKnight OCT 06 2005¹

**LAZARUS
CORPORATE FILING SERVICE**

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

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

1. ALL STATE MEDICAL PRODUCTS, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

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☐ Certificate of Status

NEW FILINGS

- ☒ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

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

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

ARTICLES OF INCORPORATION
OF

ALL STATE MEDICAL PRODUCTS, INC.

THE UNDERSIGNED incorporated hereby makes, subscribes, acknowledges and files with the Department of State this corporation for profit in accordance with the law of the State of Florida.

ARTICLE I
NAME OF CORPORATION

The name of the corporation shall be:

ALL STATE MEDICAL PRODUCTS, INC.

ARTICLE II
NATURE OF BUSINESS

The general nature of the business to be transacted by the Corporation shall be to engage in any lawful act permitted under the laws of the United States of America and of the State of Florida, as limited by the provisions of the Florida Corporation Act.

ARTICLE III
CAPITAL STOCK

*The maximum number of shares of capital stock authorized to be issued by this corporation shall be **ONE HUNDRED SHARES** of common stock with no par value.*

Each of said shares of stock should entitle the holder to one vote at any meeting of the stockholders. All or any part of said capital stock might be paid in cash, in property (other than stock securities) or in labor or services at a fair valuation to be fixed by the incorporator. All stock, when issued, shall be fully paid for and shall be non-assessable.

ARTICLE IV
INITIAL CAPITAL

*The amount of capital with which this corporation shall begin business shall be no less than **FIVE HUNDRED DOLLARS (\$ 500.00)**.*

ARTICLE V
TERM OF EXISTENCE

This corporation shall have perpetual existence.

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DIVISION OF CORPORATIONS
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**ARTICLE VI
PRINCIPLE OFFICE**

The following shall be the street and principal office of this corporation, but this corporation shall have the power to move the principal office to any other address in the State of Florida, and to establish branch offices in their places of business at such other places within or without the State of Florida that may be deemed expedient:

125 WEST 8TH STREET # 2 HIALEAH, FL 33010

**ARTICLE VII
BOARD OF DIRECTORS**

This corporation shall have not less than two directors initially. The number of directors may be increased or diminished from time to time, by the By-laws adopted by the stockholders. The names and street addressee of the members of the first Board of Directors is:

**NANCY FUENTES
PRESIDENT & SECRETARY**

**125 West 8th Street # 2
Hialeah, FL 33010**

**ARTICLE VIII
SUBSCRIBERS**

The names and addresses of the subscribers of these Articles of Incorporation, and the number of shares of stock, which they agree to take, are:

**NANCY FUENTES
100 SHARES**

**125 West 8th Street # 2
Hialeah, FL. 33010**

**ARTICLE IX
REGISTER AGENT**

Register Agent: **NANCY FUENTES
125 West 8th Street # 2
Hialeah, FL 33010**

**ARTICLE X
AMENDMENT**

These articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the stockholders, and approved at the stockholder's meeting by a majority of the stock entitled to vote thereon, unless all the directors and all the stockholders sign a written statement manifesting their intention that a certain amendment of theses Articles of Incorporation be made.

IN WITNESS WHEREOF, the undersigned has hereunto set their hands and seal this
3rd day of October of 2005.



NANCY FUENTES

**STATE OF FLORIDA
COUNTY OF DADE**

I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized in the State and County named above to take acknowledgments, personally appeared **NANCY FUENTES** known to be the persons described as subscribers in and who executed the foregoing Articles of Incorporation, and acknowledged before me that they subscribed to those Articles of Incorporation.

IN WITNESS THEREOF, I have hereunto set my hand and seal,
This 3rd day of October, 2005.

Notary Public
Personally Known

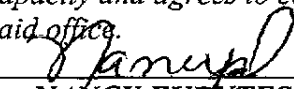
**CERTIFICATE DESIGNATING PLACE OF
BUSINESS OR DOMICILE FOR THE SERVICE
OF PROCESS WITHIN THIS STATE, NAMING
AGENT UPON WHOM PROCESS MAY BE VERIFIED**

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said Act:

That **ALL STATE MEDICAL PRODUCTS, INC.**, desiring to organize under the laws of the State of Florida, with its principal office at **125 WEST 8th STREET # 2 MIAMI, FL 33010**, County of Miami-Dade, has named **NANCY FUENTES** as its agent service of process within this State.


ACKNOWLEDGMENT:

Having been named to accept service of process for the above stated people, at the place designated in this Certificate, the undersigned hereby agrees to act in this capacity and agrees to comply with the provisions of said Act relative to keeping open said office.



NANCY FUENTES

Sworn and subscribed before me this 3rd day of October, 2005.



Notary Public - State of Florida

My Commission Expires:



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