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COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: White Medic, Corp.		
(PROPOSED CORPORA Enclosed are an original and one (1) copy of the arti	TE NAME - MUST INCL	
\$\sqrt{9}\$70.00 \$\sqrt{9}\$78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: Ernest Blanco	(Printed or typed)	
16401 Bridge End Roa	ad Address	
Miami Lakes, FL 33014	4 , State & Zip	
(305) 733-0400 Daytime 1	Telephone number	

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

SECRETARY OF STATE
TALLAHASSEF, FLORIDA

05 OCT 20 PM 3: 14

ARTICLE I NAME

The name of the corporation shall be:

White Medic, Corp. *

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 16401 Bridge End Road Miami Lakes, FL 33014

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Rent and Sell Medical Equipment

ARTICLE IV SHARES

The number of shares of stock is: 100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Ernest Blanco- 16401 Bridge End Road Miami Lakes, FL 33014- President

ARTICLE VI REGISTERED AGENT

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

Ernest Blanco- 16401 Bridge End Road Miami Lakes, FL 33014

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Ernest Blanco- 16401 Bridge End Road Miami Lakes, FL 33014

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

LV 7 V.

Signature/Incorporator

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Date '