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Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time 2.00 Walk in Certified Copy Mail out Will wait Certificate of Status ■ Photocopy NEW FILINGS <u>AMENDMENTS</u> Profit Amendment Resignation of R.A., Officer/Director Not for Profit Limited Liability ☐ Change of Registered Agent ☐ Dissolution/Withdrawal Domestication Other Merger Merger REGISTRATION/QUALIFICATION OTHER FILINGS Annual Report Foreign Fictitious Name Limited Partnership Reinstatement Trademark Other

Examiner's Initials

Piles L. L.

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ARTICLES OF INCORPORATION

TALLAHASSEE FLORIBA

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 - NAME

The name of the corporation shall be: Papid Medical Sopply Inc.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be: 4392 500 146 AVE

Miami , FL 33175

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

4392 SW 146 AVE Mrami, FL 83175 Carlos M. Garcia

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ARTICLE V - INCORPORATOR

The name and str	eet address of the incorporato	or to these Articles of
Incorporation is:	Carlos M. Garcia	.
	4392 SW 146 AVE	
	Miami ,FC 33175	-

The undersigned incorporator has executed these Articles of Incorporation this 28 day of November 2005.

Şignature

ARTICLE VI- DIRECTOR (S)

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

Carlos M. Garcia President 4392 SW 146 AUE Miami, FL 33175

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature