

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)444-4977

FLORIDA PROFIT CORPORATION OR P.A.

GOOD LIFE MEDICAL SUPPLY CORP

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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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:

GOOD LIFE MEDICAL SUPPLY CORP

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2501 S OCEAN DR #625 - HOLLYWOOD FL 33019

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:

SHARES: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ERIKA D. GARCIA - PRESIDENT

2501 S OCEAN DR #625 - HOLLYWOOD FL 33019

REGISTERED AGENT

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

ERIKA D. GARCIA

2501 S OCEAN DR #625 - HOLLYWOOD FL 33019

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ERIKA D. GARCIA

2501 S OCEAN DR #625 - HOLLYWOOD FL 33019

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

mulincorporation

12-01-05 Date

-12-01-05

Date

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