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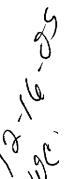
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CIVIC MEDICA (Corporation Name)	DL EQUIPMENT CORP.
(Corporation Name)	(Document #)
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(Corporation Name)	(Document #)
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Not for Profit	Resignation of R.A., Officer/Director
Limited Liability Domestication	Change of Registered Agent Dissolution/Withdrawal
Other	Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report	Foreign
Fictitious Name	Limited Partnership
	Reinstatement
	Trademark Other
	'
	Examiner's Initials

CR2E031(7/97)

ARTICLES OF INCORPORATION

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.

The name of the corporation shall be:

ARTICLE I - NAME

The name of the corporation shall be:

CIVIC MEDICAL EQUIPMENT CORPORTS

TO DESCRIPTION OF THE PROPERTY OF T

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall

1399 NIN 17 AVE #306A MIAMI, FLORIDA 33125

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:

AND CHACON
1399 NIN 17 AVE +306A
MIDNI, FLORIDA 33125

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of

Incorporation is:

ANIA CHACON #306A

1299 NIM 17 NE #306A MIAMI, FLORIDA 353125

The undersigned incorporator has executed these Articles of Incorporation this | 2 day of December, 2005.

ARTICLE VI- DIRECTOR (S)

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

AND CHINCON 1399 NIN 17 AVE #306A MINNI, TOOKIDA 30125

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