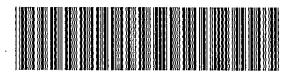
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CORPORATION NAME(S) & DOCUME	
1. ARIAS MEDICAL (Corporation Name)	EQUIPMENT, CORP.
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OTHER FILINGS  Annual Report Fictitious Name	REGISTRATION/QUALIFICATION  Foreign Limited Partnership Reinstatement Trademark Other

Examiner's Initials

### ARTICLES OF INCORPORATION

OF TED 23 TH 229 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:

ARIAS MEDICAL Equipment, Cop

#### ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

2550 NW 72 AUE 501te 319 frami F/ 33122

#### **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:

Antonio ARIAS
2550 NW 72 AVE
Suite 319
Agami Fl 33122

#### ARTICLE V - INCORPORATOR

The name and stree	et address of the i	incorporator to	these Articl	es of
Incorporation is:	Antonio	ARIAS		96 95
	2550 NW	72 AUE		是面型
The undersigned in				23 1
The undersigned is	ncorporator has e	xecuted these A	Articles of	7000
Incorporation this	22 day of February	yry 2006		2: 20 Confe
* * * * * * * * * * * * * * * * * * * *	Signat			7

## ARTICLE VI DIRECTOR(S)

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

Antonio ARIAS
2550 NW 72-AUE
2016=319

Aliami Il 33/22.

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