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To:

Division of Corporations  
Fax Number : (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

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JUDICIAL CIRCUIT IN AND FOR  
THE NINTH JUDICIAL CIRCUIT  
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**BROTHER MEDICAL SUPPLY SERVICES CORP.**

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ARTICLE OF INCORPORATION

OF

BROTHER MEDICAL SUPPLY SERVICES CORP.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: BROTHER MEDICAL SUPPLY SERVICES CORP.

The principal place of business of this corporation shall be:

4165 E. 8 AVE.  
TALLAHASSEE, FL. 323013

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

100 X \$10.00 = \$1,000.00

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is (are):

YOEL TORRES	DIRECTOR
4955 NW. 199 ST. LOT 6	
OPA LOCKA, FL. 33055	

ARTICLE VI INCORPORATOR(S)

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

YOEL TORRES	PRESIDENT, SECRETARY & TREASURER
4955 NW. 199 ST. LOT 6	100 shares
OPA LOCKA, FL. 33055	

The undersigned has (have) executed these Article of Incorporation this 15 th. day of March, 2005.

  
\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:\_\_\_\_\_  
BROTHER MEDICAL SUPPLY SERVICES CORP.  
\_\_\_\_\_
2. The name and address of the registered agent and office is \_\_\_\_\_  
YOEL TORRES  
(Name)  
\_\_\_\_\_  
4955 NW. 199 ST. LOT 6  
\_\_\_\_\_  
(P. O. BOX NOT ACCEPTABLE)  
\_\_\_\_\_  
OPA LOCKA, FLORIDA 33055  
(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESI AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS MY POSITION AS REGISTERED AGENT.

SIGNATURE \_\_\_\_\_

DATE 03415-06 \_\_\_\_\_

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STATE OF FLORIDA