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Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)205-0381

From:  
Account Name : XTOMARA LEE, P.A.  
Account Number : T20040000008  
Phone : (305)262-2323  
Fax Number : (305)262-2324

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**M & K MEDICAL SUPPLIES & EQUIPMENT INC.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 1       |
| Certified Copy        | 1       |
| Page Count            | 01      |
| Estimated Charge      | \$87.50 |

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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:

M & K MEDICAL SUPPLIES & EQUIPMENT INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

7171 SW 24TH ST SUITE 403  
MIAMI, FL 33155

### 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:

100

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

GABVY RODRIGUEZ (PRESIDENT/DIRECTOR)  
7171 SW 24TH ST SUITE 403  
MIAMI, FL 33155

### ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

GABVY RODRIGUEZ  
7171 SW 24TH ST SUITE 403  
MIAMI, FL 33155

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

GABVY RODRIGUEZ  
7171 SW 24TH ST SUITE 403  
MIAMI, FL 33155

\*\*\*\*\*

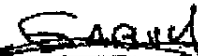
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

03/22/2006

Date



Signature/Incorporator

03/22/2006

Date

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