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LAZARUS CORPORATE FILING SERVICE

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MIAMI, FL 33165 (305) 552-59	973
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CORPORATION NAME(S) & DOCUM	ENT NUMBER(S), (if known):
1. OTIF MEDICAL SU (Corporation Name)	SPPLIES, CORP
2.	(Document #)
(Corporation Name)	(Document #)
3. (Corporation Name)	(Document #)
4. (Corporation Name)	(Document #)
Walk in Pick-up time Mail out Will wait NEW FILINGS Profit Not for Profit Limited Liability Domestication Other OTHER FILINGS	Photocopy
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other
	Examiner's Initials

CR2E031(7/97)

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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.

ARTICLE 1 - NAME

The name of the corporation shall be:
OTIF MEDICAL SUPPLIES, CORP

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be: 1501 μ μ μ μ μ

1501 NW 14 ST MIAMI F(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:

Rodolfo Rumbaut 1501 NW 14 ST Miami F(3312S

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SECRETARY OF STATE TALL AHASSEE FLORIDA

ARTICLE V - INCORPORATOR

The name and street address of the incorporator	to these Articles of
Incorporation is: Rimbas	T
Incorporation is: ROZOIFO RUMBAU ISOI NW 14 ST	•
niam; FC 33 125	
•	

The undersigned incorporator has executed these Articles of Incorporation this 2005. day of

ARTICLE VI- DIRECTOR (S)

The name(s) and street address (es) of the director(s) to these

Articles of Incorporation is (are):

RODOLFO RUMBAUT

1501 NW 14 ST PRESIDENT

Miami FL 33125

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