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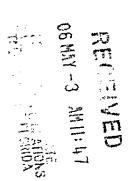
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LAZARUS CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973	
•	Office Use Only
CORPORATION NAME(S) & DOCUMENT NU	MBER(S), (if known):
1 YOUR'S MEDICAL SUP	PLIES INC.
(Corporation Name)	(Document #)
2. <u></u>	<u> </u>
(Corporation Name)	(Document #)
3	eren er
(Corporation Name)	(Document #)
	No.
4. (Corporation Name)	(Document #)
Walk in Pick up time 1.00	Certified Copy
Mail out Will wait Pho	tocopy Certificate of Status
NEW FILINGS AMEN	IDMENTS
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	esignation of R.A., Officer/Director
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SECHETARY OF STATE
TALLAHASSEE, FLORIDA

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 I - NAME

The name of the corporation shall be:

Your's MEDICAL Supplies

INC

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

ARTICLE II - PRINCIPAL OFFICE

1399 NW 17 AU #302 C MIAMI FL 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:

ARNALDO SUAREZ 1399 NW 174V #302 C MINMI FL33125

ARTICLE V - INCORPORATOR

The name and street ad	dress of the incorporator to these Articles of
Incorporation is:	(
ARNALDO	1244100 1111 #00
	MIAMI FL 33125

The undersigned incorporator has executed these Articles of Incorporation this day of 2006.

Signature

ARTICLE VI- DIRECTOR (S)

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

ARNALDO SUAREZ President

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