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**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. SMD MEDICAL SUPPLY CORP

(Corporation Name)

(Document #)

2. \_\_\_\_\_

(Corporation Name)

(Document #)

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(Corporation Name)

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**NEW FILINGS**

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

**AMENDMENTS**

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

**OTHER FILINGS**

- Annual Report
- Fictitious Name

**REGISTRATION/QUALIFICATION**

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

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SECRETARIAL 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:

SMD MEDICAL SUPPLY CORP

### ARTICLE II - PRINCIPAL OFFICE

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

2500 N.W. 79 AVE SUITE 280  
MIAMI, FL 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:

MARTHA YOHAY  
2500 N.W. 79 AVE SUITE #280  
MIAMI, FL 33122

## **ARTICLE V - INCORPORATOR**

**The name and street address of the incorporator to these Articles of Incorporation is: 1101740 VD44Y**

MARTHA YOHAY  
2500 NW 79 AVE SUITE #286  
MIAMI, FL. 33122

Martha Lehay  
Signature

## **ARTICLE VI- DIRECTOR (S)**

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

MARThA YohAY - 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.**

Marsha J. Shay  
Registered Agent Signature