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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 : XIOMARA LEE, P.A.
Account Number : I20040000008
Phone : (305)262-2323
Fax Number : (305)262-2324

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TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION

DOC'S INTERNATIONAL MEDICAL SUPPLIES INC.

Certificate of Status	1
Certified Copy	1
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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:

DOC'S INTERNATIONAL MEDICAL SUPPLIES INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

PO BOX 430865
MIAMI, FL 33243

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):

FRANCISCO LOAIGIGA (PRESIDENT/DIRECTOR)
PO BOX 430865
MIAMI, FL 33243

JOHANNA SNELLING (SECRETARY/DIRECTOR)
4674 PEMBROKE PL
ORLANDO, FL 32811

ARTICLE VI REGISTERED AGENT

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

XIOMARA LEE
2380 SW 80 CT
MIAMI, FL 33155

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JOHANNA SNELLING
4674 PEMBROKE PL
ORLANDO, FL 32811

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

05/17/2006

Date



Signature/Incorporator

05/17/2006

Date

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