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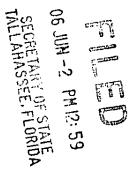
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Document #) (Corporation Name) Certified Copy Walk in Pick up time ☐ Certificate of Status Photocopy Mail out ☐ Will wait NEW FILINGS **AMENDMENTS** Profit Amendment Resignation of R.A., Officer/Director Not for Profit Change of Registered Agent Limited Liability ☐ Dissolution/Withdrawal Domestication Other Merger **OTHER FILINGS** REGISTRATION/QUALIFICATION Foreign Annual Report Fictitious Name Limited Partnership Reinstatement Trademark Other **Examiner's Initials**

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ARTICLES OF INCORPORATION

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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:

H&M Medical Supply, Inc.

ARTICLE II - PRINCIPAL OFFICE

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

2828 SW 32 ct. Miani: FL 33133

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:

Hector FATARDO 2828 SW 32 ct cliami FC 33133

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	ARTICLE V - IN	SEI JAL	CRETARY OF STATE LAHASSEE, FLORIDA
The name and street Incorporation is: HECTOR FA 2828 SW 3	address of the ir	icorporator to the	ese Articles of
The undersigned inc Incorporation this	orporator has exe day of Signatur	200 6.	cles of

ARTICLE VI- DIRECTOR (S)

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

HECTOR FASARDO (P) 2828 SW 32 CT Miami F (33/33

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