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VALIDATION

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Requestor's Name
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## CORPORATION(S) NAME

Metro Medi	cal Equipment	-, Inc
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Profit ( ) NonProfit	( ) Amendment	( ) Merger
( ) Foreign	( ) Dissolution	( ) Mark
( ) Limited Partnership	( ) Annual Report	( ) Other
( ) Reinstatement	( ) Reservation	( ) Change of Registered Agent
Contried Copy of Citli	( ) Photo Copies	( ) Certificate Under Seal
( ) Call When Ready	( ) Call If Problem	( ) After 4:30
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## ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) <u>ARTICLE I NAME</u> The name of the corporation shall be: MEDICAL EquipMENT, INC. METRO ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: SW 136 STREET, Suite13 15190 MIAMI, FL 33196 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Equipment MEDICAL ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): POZO, PRESIDENT MELISSA 15250 SW 154 AVE MIAMI, PL 33187. REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: MELISSA POZO 15250 SW 154 ave MIAMI, FE 33187 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: MELISSA POZO 15250 SW 154 ATE MIAMI, FL 33187 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/Incorporator

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