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| (Requestor's Name) | |
|---|------|
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT | MAIL |
| (Business Entity Name) | |
| (Document Number) | |
| (Document Number) | |
| Certified Copies Certificates of Statu | s |
| Special Instructions to Filing Officer: | |
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SECRETARY OF STATE
ALLAHASSEE, FI ORIO,

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EXPRESS CORPORATE FILING SERVICE INC. Requestor's Name 1000 PONCE DE LEON BLVD. SUITE:101 Address (305) 444-4994 CORAL GABLES, FL 33134 City/State/Zip Phone # OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Document #) (Corporation Name) Pick up time Certified Copy Walk in Mail out - Will wait Certificate of Status Photocopy **NEW FILINGS** AMENDMENTS **Profit** Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILIGS REGISTRATION/ QUALIFICATION **Annual Report** Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement

Trademark

Examiner's Initials

Other

CR2E031(9/92)

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

ARTICLE I NAME

The name of the corporation shall be:

CRISTY MEDICAL SUPPLY INC.

2006 JUN -7 PM 1:50

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2500 NW 79 AVE - SUITE: 253

DORAL FLA 33122

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:

SHARES: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

JUAN RAMON PEREZ - PRESIDENT

2500 NW 79 AVE - SUITE: 253

DORAL FLA 33122

REGISTERED AGENT ARTICLE VI

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

JUAN RAMON PEREZ

2500 NW 79 AVE - SUITE: 253

DORAL FLA 33122

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

JUAN RAMON PEREZ

2500 NW 79 AVE - SUITE: 253

DORAL FLA 33122

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 JUNE 06, 2006

Signature Registered Agent

Date

Signature Recorporator

JUNE 06, 2006

Date