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CORPORATION NAME(S) & DOCUM	ENT NUMBER(S), (if known):			
1. Liliam's Medic (Corporation Name)	cal supplies, inc			
2. (Corporation Name)	(Document #)			
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NEW FILINGS	<u>AMENDMENTS</u>			
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OTHER FILINGS	REGISTRATION/QUALIFICATION			
Annual Report Fictitious Name	☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ Trademark ☐ Other			

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ARTICLES OF INCORPORATION

06 JUL 28 AM II: 08

SECRETARY OF STATE TALL AHASSEE, FLORIDA 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:

LILIAM'S Medical Supplies, inc

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be: 8500 Sev 113 Ave B-1K eliam, Pl. 33/65

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:

Clarg A. Cardenoson:

3500 SW 112 AVE B. 115 DO 1000

Fl. 33/65.

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06 JUL 28 AM II: 08

SECRETARY OF STATES
TALLAHASSEE, FLORIDA

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of

Incorporation is:	i the incorpor	ator to these it		
	• -			
Clara A. Cardenos	09	•	- 1	33// -
3500 DW 113 AVE	B-115	HIAMI	FL.	30165
050000000000		• •		

The undersigned incorporator has executed these Articles of Incorporation this 07 day of 27 2006

ARTICLE VI DIRECTOR(S)

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

Clarge A Cardenos9 - 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.

Registered Agent Signature