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CORPORATE FILING SERVICE 3320 SW 87[™] AVENUE MIAMI, FL 33165 305-552-5973

Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time 2.06 Walk in Certified Copy Mail out Will wait Photocopy Certificate of Status **NEW FILINGS** <u>AMENDMENTS</u> Profit Amendment Not for Profit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Dissolution/Withdrawal Domestication · Other Merger OTHER FILINGS REGISTRATION/QUALIFICATION Foreign Annual Report Fictitious Name Limited Partnership Reinstatement Trademark Other

Examiner's Initials

FROM ¡LAZARUS

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Jul. 31 2006 02:26PM P2

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ARTICLES OF INCORPORATION

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:

Alma Medical Supply.

Inc

ARTICLE II - PRINCIPAL OFFICE

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

3450 W 848+ # 102D Hialeah, FC 33078.

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

60 \$100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the Initial registered agent is:

5500 w sich #303 Haleah, TR 33016 Linda a. Casalis

ARTICLE V - INCORPORATOR
The name and street address of the incorporator to these Articles of Incorporation is: Linda a. Casalis Haleah, fc 33018 3450 w 8487 # 1020 Haleah, fc 33018
The undersigned incorporator has executed these Articles of incorporation this day of 200 Signature
ARTICLE VI DIRECTOR(S)
The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):
Linda Q. Casalis. (President lowner)
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 FOR THE STATE OF STA