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3320 SW 87TH AVENUE MIAMI, FL 33165 (305) 552-5973 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Document #) (Corporation Name) (Corporation Name) (Document #) Walk in Rick up time 200 Certified Copy ☐ Will wait Certificate of Status Mail out Photocopy NEW FILINGS **AMENDMENTS Profit** Amendment Resignation of R.A., Officer/Director Not for Profit Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Reinstatement Trademark Other Examiner's Initials



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:

WELL-BEING MEDICAL EQUIPMENT CORP

ARTICLE II - PRINCIPAL OFFICE

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

5580 W 16 AVE + 201 Healeah, Fl 33012

ARTICLE III -SHARES

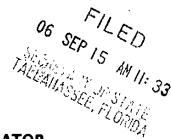
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

LIZETH CABUYA OQUENDO 5580 West 16 Ave \$ 201 Hialeah, The 33012



ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

LIZETH CABUYA OQUENDO 5580 WEST 16 AVE + 201 Haleah, 7(33012 The undersigned incorporator has executed these Articles of

Incorporation this 14 day of Scokenber 2006.

ARTICLE VI- DIRECTOR (S)

Signature

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

LIZETH CABUYA OQUENDO 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