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OF DEC -1 PN 2: 32
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LAZARUS CORPORATE FILING SERVICE

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CORPORATION NAME(S) & DOCUMEN	NT NUMBER(S), (if known):	
1. MEZA MEDICAL SC	•	
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2.	· · · · · · · · · · · · · · · · · · ·	
(Corporation Name)	(Document #)	
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Domestication	Change of Registered Agent Dissolution/Withdrawal	
Other	Merger	
OTHER FILINGS	REGISTRATION/QUALIFICATION	
Annual Report		
Fictitious Name	Foreign Limited Partnership	1
· .	Reinstatement	
	Trademark Other	
CDOCO Malor	Examiner's Initi	als
CR2E031(7/97)		•

ARTICLES OF INCORPORATIONS DEC., PM 2: 32

The undersigned Incorporator(s), for the purpose of forming a state of the 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:

MEZA MECICAL Supplies. INC.

ARTICLE II - PRINCIPAL OFFICE

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

937-A SW 87 AVE Misur + 6 83174

ARTICLE III -SHARES

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

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JERHHETTE MEZA 937-A SW 87 EUR Klami Fls 33174

ARTICLE V - INCORPORATOR

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

JEANNETTE MEZA 937-A SW 87 SUE Himi Fls 33174

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):

JEANHETTE MEZA (President) SECRETARY OF STATE

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