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J. STATES MAY 8 1 2001

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LAZARUS CORPORATE FILING SERV	ICE
3320 SW 87 TH AVENUE	
MIAMI, FL 33165 (305) 552-59	73
CORPORATION NAME(S) & DOCUME	Office Use Only NT NUMBER(S), (if known):
1. LORENTE MEDICA (Corporation Nama)	<u>CEQUIPMENT</u> INC
2 (Corporation Name)	(Document #)
3 (Corporation Name)	(Document #)
4	· *
4. (Corporation Name)	(Document #)
Walk in Pick up time _2	.06 Certified Con S
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NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/Directory Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	 Foreign Limited Partnership Reinstatement Trademark Other

CR2E031(7/97)

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Examiner's Initials

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

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The name of the corporation shall be:

LORENTE MEDICAL EQUIPLENT, INC.

<u>ARTICLE II</u> PRINCIPAL OFFICE

The principal place of business/mailing address is:

1001 WEST FLAGIER ST, NIANI, FI 33174

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

100

INITIAL OFFICERS AND/OR DIRECTORS ARTICLE V

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

HUMBERTO LORENTE, EREGIDENT 1001 WEGT FLAGIER ST KIANI, FI 33174

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

HUMBERTO LORENTE 1001 WEST FIAGLER GT, MIANI, FI 33174

ARTICLE VII **INCORPORATOR** The name and address of the Incorporator is:

HUMBERTO LORENTE

1001 WEST FLAGIER ST, MIANI, F/ 33174

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

ababall

Perts 1

Signature/Incorporator