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COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: Med-Rx Resources, Inc.
(PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX) Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$70.00 \$78.75 Filling Fee Filling Fee & Certificate of Status □ \$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: Name (Printed or typed) 7581 NW 23rd Street Pembroke Pines, F2 33024 City, State & Zip 954894-4421 Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I The name of the corporation shall be: Med- Rx Resources, Inc. ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: 7581 NW 23 M Street Pembrone Pines FL 33024 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Durch Medical Equipment Supplier. ARTICLE IV SHARES The number of shares of stock is: INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Nerryda Higginbotham, President REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Nerry de Higginbothem 7581 NW 232 Street Pembrola Pines FL 33024 ARTICLE VII INCORPORATOR The **name and address** of the Incorporator is: Nevery de Higgin bothem 7581 NW 2300 Street Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I any familiar with and accept the appointment as registered agent and agree to act in this capacity Signature/Registered Agent

ARTICLES OF INCORPORATION

Signature/Incorporator