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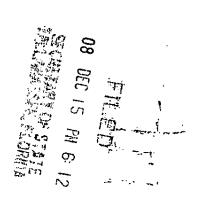
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COVER LETTER

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

SUBJECT: EMC M	ledical Equipment Corp.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the artic	eles of incorporation and	a check for:
☑ \$70.00	\$78.75	□ \$78.75	□ \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
i iiiig i cc	& Certificate of Status	& Certified Copy	Certified Copy
		Co Common Copy	& Certificate of
			Status
		ADDITIONAL CO	PY REQUIRED
FROM: _R	oberto Cisneros	Desired on the od)	
	Name (Printed or typed)	
	13286 SW 54 Tr	Address	***
		Address	
	Miami, FL 33175		
	City,	State & Zip	
	786-768-7658		
	Daytime T	elephone number	

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

EMC Medical Equipment Corp.

PRINCIPAL OFFICE ARTICLE II

The principal street address and mailing address, if different is:

27869 S Dixie Hwy Miami, Fl 33032

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

All legal businesses

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Roberto Cisneros, President

ARTICLE VI REGISTERED AGENT

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

Roberto Cisneros 27869 S Dixie Hwy Miami, Fl 33032

ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Roberto Cisneros 27869 S Dixie Hwy Miami, Fl 33032	
*******************	*********

	ent and agree to act in this capacity
certificate, I am familiar with and accept the appointment as registered as	ent and agree to act in this capacity $\frac{ 2- -0 }{ 2- -0 }$