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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : BUSINESS WORLD TRANSACTIONS, INC.

Account Number : 104512000707 : (305)803-2736 Fax Number : (786)360-8073

FLORIDA PROFIT/NON PROFIT CORPO

REC MEDICAL SUPPLY, CORP.

Certificate of Status	0
Certified Copy	0
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11/6/2009

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ARTICLES OF INCORPORATION

SECRETARY OF STATE TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I

The name of the corporation shall be: REC MEDICAL SUPPLY, CORP.

ARTICLE II PRINCIPAL OFFICE

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

6307 N.W. 99 AVE. MIAMI, FL. 33178

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:One Thousand (1,000) shares of One Dollar (\$1.00) par value common stock, which shall be designated (3COMMON SHARES.E)

ARTICLE IV

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

RAUL VOLCAN 6307 N.W. 99 AVE. MIAMI, FL. 33178

Prepared by: RAUL VOLCAN

6307 N.W. 99 AVE. MIAMI, FL. 33178 786 715-7834

Electronically Sent By: BUSINESS LICENSES, INC. 7951 S.W. 40 ST. (BIRD RD.) #201 MIAMI, FL. 33155 PH # (305) 267-4022

ARTICLE V INCORPORATOR(S)

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

RAUL VOLCAN 6307 N.W. 99 AVE. MIAMI, FI., 33178 DIRECTOR & PRESIDENT

<u>06</u> _	day of	NOVEMBER	, 2009.
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The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

Signature

Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: REC MEDICAL SUPPLY, CORP.



2. The name and address of the registered agent and office is:

RAUL VOLCAN 6307 N.W. 99 AVE. MIAMI, FL. 33178

Having been named as registered agent and to accept service of process for the above stated corporation at the 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(SIGNATURE)

(DATE) 11-06-09