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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : A.A.ALI, CPA Account Number: I20000000192 : (407)298-3900 Phone Fax Number ; (407)298-0660

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION ROBSHAWN MEDICAL EQUIPMENT INC.

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12 APR 23 PH 12: 07

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION OF ROBSHAWN MEDICAL EQUIPMENT INC.

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME AND ADDRESS

The name and address of the corporation is:

To:

NAME: ROBSHAWN MEDICAL EQUIPMENT INC.

PHYSICAL ADDRESS: 311 LAKE LENELLE DRIVE, OVIEDO, FL 32766 MAILING ADDRESS: 311 LAKE LENELLE DRIVE, OVIEDO, FL 32766

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 1000 shares of (One) Dollar(s) (\$1.00) par value Common Stock, which shall be designated "Common Shares."

To:

Fax: +1 (850) 617-6381 Page 3 of 4 4/23/2012 10:40

The name and street address of the Initial Registered Agent of this Corporation is:

Name: ROBERT CHIN Address: 311 LAKE LENELLE DRIVE OVIEDO, FL 32766 City:

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have ONE (1) director(S) initially. The number of directors may be either increased or diminished from time to time by the By-laws, but shall never be less than one (1). The name and address of the initial director(s) of the corporation are as follows:

Name:	ROBERT CHIN, PRESIDENT
Address:	311 LAKE LENELLE DRIVE
City:	OVIEDO, FL 32766
Name:	SHAWNMARIE CHIN, SECRETARY
Address:	311 LAKE LENELLE DRIVE
City:	OVIEDO, FL 32766

ARTICLE VII - INCORPORATORS

The name and address of the person signing these articles of Incorporation are as follows:

To:

Fax: +1 (850) 817-8381

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Name:	ROBERT CHIN	12 APR 23 PH 12: 07
Address:	311 LAKE LENELLE DRIVE	SECRETARY OF STATE TALLAHASSEE, FLORIDA
City:	OVIEDO, FL 32766	
*****	*********	*****
process for the in this cert	amed as registered agent to above stated corporation at ificate, I am familiar was registered agent and aga	the place designated ith and accept the
Robert C	hin	04/23/12
ROBERT CHIN / F	Registered Agent	Date
Robert C	his	04/23/12
ROBERT CHIN / I	ncorporator	Date