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Division of Corporations

P. 001

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Division of Corporations  
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FLORIDA PROFIT/NON PROFIT CORPORATION  
WORLDWIDE MEDICAL SUPPLIES, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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**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: WORLDWIDE MEDICAL SUPPLIES, INC.

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address

900 BISCAYNE BLVD  
STE 1708  
MIAMI, FL 33132

Mailing address, if different is:

1750 NW 107 AVE STE L305  
DORAL, FL 33172

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS  
AND ANYTHING RELATED TO MEDICAL SUPPLIES & EQUIPMENT

**ARTICLE IV SHARES**  
The number of shares of stock is: SHARES: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: MOREL DAVID RODRIGUEZ SALCEDO (P/D)

Address: 900 BISCAYNE BLVD  
STE 1708  
MIAMI, FL 33132

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: JOSE PRUSZA (V/T/D)

Address: 900 BISCAYNE BLVD  
STE 1708  
MIAMI, FL 33132

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: VACHE RODRIGUEZ (S/D)

Address: 900 BISCAYNE BLVD  
STE 1708  
MIAMI, FL 33132

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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(cont.)

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: JANNABEURYS E. BRITO  
Address: 1750 NW 107 AVE STE L305  
DORAL, FL 33172

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MOREL DAVID RODRIGUEZ SALCEDO  
Address: 900 BISCAYNE BLVD STE 1708  
MIAMI, FL 33132

*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*

  
\_\_\_\_\_  
Required Signature/Registered Agent

1-28-2013

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

  
\_\_\_\_\_  
Required Signature/Incorporator

1-28-2013

Date

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