Florida Department of State

Division of Corporations Note: Please print this page and use it as a cover slice. Type the fax audit number

(shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 : (305)552-5973 Phone Fax Number : (305)675-5944

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

Enail	Address:	

FLORIDA PROFIT/NON PROFIT CORPORATION PRINCIPAL MED EQUIP CORP.

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

Principal Med Equip Corp.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

Caleb Espinoza

1329 St. Tropez Cir. Apt 504

Weston, FL 33326

ARTICLE III SHARES: The number of shares of stock is:

(c)

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS

Caleb Espinoza – President 1329 St. Tropez Cir. Apt 504 Weston, FL 33326

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Caleb Espinoza

11 1329 St. Tropez Cir Apt 504

Weston, FL 33326

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Caleb Espinoza

1329 St. Tropez Cir. Apt 504

Weston, FL 33326

third degree felony as provided for in s.817.155, F.S.

Required Signatures:

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 familian with and accept the appointment as/registered agent and agree to act in this capacity

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