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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019
Phone : (305)552-5973
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## FLORIDA PROFIT/NON PROFIT CORPORATION SURESTE MEDICAL SUPPLY INC

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



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

ARTICLE I NAME: The name of the corporation is:		
GURESTE HEDICAL SUPPLY INC		
ARTICLE II PRINCIPAL OFFICE:		
The principal street address and mailing address is:  115 95 Kelly Road.		
StE 115 Font HYERS, F1 33908		
ARTICLE III SHARES: The number of shares of stock is:		
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:		
LIVAN RUIZ VALDES. (P)		
∑- 	2621 SEP	
	SEP 20	
	O Am	; ; }
	- 9: -	٠
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:	<u>6</u> 5	
The name and Florida street address (PO Box not acceptable) of the registered agent is:  LIVAN RVI2 VALDES		
LIVAN KVIZ VALSES		
SUITE 115 Fort MYERS, F/ 33908		
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:		
LIVAN RUIZ VALDES	ı	
11595 KELLY ROAD SUITE 115 FOOT MUERS, FL 33908		

## 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 familiar with and accept the appointment as registered agent and agree to act in this capacity  Registered Agent
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.

Incorporator Date