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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION SUPPLIES CARE DME CORP.

Certificate of Status	0
Certified Copy	1
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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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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 is:SUPPLIES CARE DME CORP.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

10300 SW 72 ST Suite 261C
MIAMI, FL 33173**ARTICLE III SHARES:** The number of shares of stock is:100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**ABREU GUERRA MODESTO. (P)

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ED

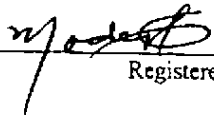
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

ABREU GUERRA MODESTO
10300 SW 72 ST SUITE 261C
MIAMI, FL 33173**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:ABREU GUERRA MODESTO
10300 SW 72 ST SUITE 261C
MIAMI FL 33173

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 / INCORPORATOR Date 10-2-21

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.