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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 Fax Number : (395)675-5944

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FLORIDA PROFIT/NON PROFIT CORPORATION MSX MEDICAL SUPPLIES INC

Certificate of Status	0
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707

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

MSX HEDICAL SUPPLIES IPC ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
= 2450 SW137Th AUE Suit 726	
Minmi FL 33175	
ARTICLE III SHARES: The number of shares of stock is:	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICE 3S:	رر
Yohap Maetinez Sauchez (P)	
	·
	
	
	
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRES	<u>s:</u>
The name and Florida street address (PO Box not acceptable) of the registered ager	ıt is:
Yohan Martinez Sanchez	_
2450 SW 137th Ave Suite 236)
Miami F1 33175	_
ARTICLE VI INCORPORATOR: The name and address of the Incorporator	r is:
Yohan Martinez Sanchez	
2450 SW 187th Ave Suite ?36	<u>)</u>
Miami F1 33175	

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

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.

Uncorporator Unite