

PS 00002500

FILED  
95 JAN -9 PM 4:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Catalina Oruna  
(Requester's Name)  
6775 S.W. 36<sup>th</sup> Terrace  
(Address)  
Miami, FL 33155  
(City, State, Zip) (Phone #)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (If known):

1. A.C.D. Medical, Corp.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in ☐ Pick up time \_\_\_\_\_

☐ Certified Copy

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☐ Certificate of Status

| NEW FILINGS              |                   |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit            |
| <input type="checkbox"/> | NonProfit         |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication     |
| <input type="checkbox"/> | Other             |

| AMENDMENTS               |                                       |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Amendment                             |
| <input type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent            |
| <input type="checkbox"/> | Dissolution/Withdrawal                |
| <input type="checkbox"/> | Merger                                |

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-01/09/95--01078--011  
\*\*\*\*122.50 \*\*\*\*122.50

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/<br>QUALIFICATION |                     |
|--------------------------------|---------------------|
| <input type="checkbox"/>       | Foreign             |
| <input type="checkbox"/>       | Limited Partnership |
| <input type="checkbox"/>       | Reinstatement       |
| <input type="checkbox"/>       | Trademark           |
| <input type="checkbox"/>       | Other               |

Q. BROWN JAN 10 1995

Examiner's Initials

ARTICLES OF INCORPORATION

OF

A.C.O. Medical, Corp.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, acting as incorporator of A.C.O. Medical, Corp. under the Florida Business Corporation Act, adopts the following Articles of Incorporation.

ARTICLE I

NAME

The name of the Corporation is: A.C.O. Medical, Corp.

ARTICLE II

DURATION

The duration of the Corporation will be perpetual.

ARTICLE III

PURPOSE

The general purpose or purposes for which the Corporation is organized is to transact any and all lawful business for which a corporation may be incorporated under the Florida Business Corporation Act.

ARTICLE IV

MAILING ADDRESS

The mailing address of the Corporation shall be:  
6775 S.W. 26 Terrace  
Miami, FL 33155

ARTICLE V

AUTHORIZED SHARES

The maximum number of shares that the Corporation is authorized to issue is Ten Thousand (10,000) shares of common stock without par value. The Board of Directors shall determine the consideration for each share of common stock to be issued, consisting of any tangible or intangible property or benefit property or benefit to the Corporation, including cash, promissory notes, services performed or promises to perform services evidenced by a written contract.

## ARTICLE VI

### INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Corporation is 6775 S.W. 26 Terrace  
Miami, Fl. 33155

Corporation's initial registered agent at that address is:

Catalina Osuna

## ARTICLE VII

### INCORPORATOR

The name and street address of the incorporator is:

| <u>NAME</u>    | <u>ADDRESS</u>                           |
|----------------|--|
| Catalina Osuna | 6775 S.W. 26 Terrace<br>Miami, FL. 33155 |

## ARTICLE VIII

### INDEMNIFICATION

To the extent permitted by law, the Corporation shall indemnify any person who was or is a party to any proceeding by reason of the fact that he is or was a director, officer, employee, or agent of the Corporation or is or was serving at the request of the Corporation as a director, officer, employee, or agent of another corporation, partnership, joint venture, trust or other enterprise against liability incurred in connection with such proceeding, including any appeal thereof, if he acted in good faith and in a manner he reasonably believed to be in, or not opposed to, the best interests of the Corporation and, with respect to any criminal action or proceeding, had no reasonable cause to believe his conduct was unlawful. The Corporation shall reimburse each person for all costs and expenses, including attorneys' fees, reasonably incurred by him in connection with any such liability in the manner provided for by law or in accordance with the Corporation's Bylaws.

The rights accruing to any person under the foregoing provision shall not exclude any other right to which he may be lawfully entitled, nor shall anything therein contain or restrict the right of the Corporation to indemnify or reimburse such person in any proper case even though not specifically provided for herein.

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation. I hereby am familiar with and accept the duties and responsibility as registered agent for said Corp.

*Catalina Olvera*  
Incorporator/Registered Agent

STATE OF FLORIDA )  
                              ) SS:  
COUNTY OF DADE    )

Before me, the undersigned authority, personally appeared to me well known to be the person described in and who executed and subscribed to the foregoing Articles of Incorporation, and she acknowledged before me, that she executed the same and subscribed to the same for the purposes therein expressed.

WITNESS my hand and official seal at Miami, Dade County, Florida,

*Amanda Lopez*  
\_\_\_\_\_  
Notary Public, State of Florida

My Commission Expires:



AMANDA LOPEZ  
My Commission CC300076  
Expires Aug. 07, 1998  
Bonded by HAI  
800-422-1555

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55 JAN -9 PM 4:29  
TALLAHASSEE, FLORIDA

**P9500002500**

**LEONARUS CORPORATE INDUSTRIES, INC.**  
(Requestor's Name)

**890 S.W. 87 AVENUE, SUITE 16**  
(Address)

**MIAMI, FLORIDA 33174 (305) 552-5973**  
(City, State, Zip) (Phone #)

**LOCAL REPRESENTATIVE TALLAHASSEE**  
**(904) 305-6715**

RECEIVED

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OFFICE USE ONLY

**600001530816**  
-07/06/95--01034--042  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (If known):**

1. A. C. O. MEDICAL, CORP.  
(Corporation Name) (Document #)
2. Name Change  
(Corporation Name) (Document #)
3. Amend  
(Corporation Name) (Document #)
4. 6 TAX FILING 35  
(Corporation Name) (Document #)

- ☒ Walk in ☒ Pick up time 2:00
- ☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certified Copy

☐ Certificate of Status

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| <input type="checkbox"/>            | Merger                                |

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**95 JUL -3 PM 1:22**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

| OTHER FILINGS            |                  |
|--------------------------|------------------|
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| <input type="checkbox"/> | Fictitious Name  |
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| <input type="checkbox"/>   | Trademark           |
| <input type="checkbox"/>   | Other               |

Examiner's Initials

Articles of Amendment  
to  
A.C.O. Medical, Corp.

Pursuant to Section 607.1106(1), Florida Statute, the undersigned corporation adopts the following articles of amendment to its articles of incorporation.

95 JUL -3 PM 1:22  
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TALLAHASSEE, FLORIDA

FIRST:

The name of the corporation is: A.C.O. Medical, Inc.

SECOND:

The following amendment to the article of incorporation was adopted by the corporation:

ARTICLE 1 -NAME  
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The name of the corporation shall be:

O.C.A., Corp.

THIRD:

Date of Adoption  
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The amendment was adopted on June 29, 1995.

FOURTH:

ADOPTION OF AMENDMENT  
-----

The amendment was approved by shareholders. The number of votes cast for the amendment was sufficient for approval.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Amendment this 29th day of June 1995

Catalina Osuna  
Catalina Osuna-President