

LAW OFFICES
MARIAN GARCIA, P.A.
SUITE 102-B
4356 MANOH LANE
SOUTH MIAMI, FLORIDA 33143

MARIAN GARCIA

TELEPHONE (305) 867-3378
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P95000018211

March 1, 1995

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fla. 32314

500001420915
-03/03/95--01062--001
***122.50 ***122.50

Re: Ecuadorean Medical Supply, Inc.

Dear Sir/Madam:

Enclosed please find original and one copy of the Articles of Incorporation of Ecuadorean Medical Supply, Inc., together with our check in the amount of \$122.50 to cover the filing fees. Please return a certified copy of the filed Articles of Incorporation to the undersigned in the enclosed self-addressed stamped envelope.

If you have any questions concerning the enclosures, please do not hesitate to contact the undersigned.

Very truly yours,

MARIAN GARCIA, P.A.

By: Virginia Santiago
Virginia Santiago
Corporations Department

Encl.

SDG

FILED
SECRETARY OF STATE
MAR 3 1995
TALLAHASSEE, FLA.
AM 10:42

24 APR 9 - 24125
55 REC - 3 APR 12
RECEIVED
MAR 12 1995

**ARTICLES OF INCORPORATION
of
ECUADOREAN MEDICAL SUPPLY, INC.**

The undersigned hereby adopts the following Articles of Incorporation for the purpose of forming a corporation under the provisions of Chapter 607 Florida Statutes:

ARTICLE I. NAME

The name of this corporation is **ECUADOREAN MEDICAL SUPPLY, INC.** (the "Corporation").

ARTICLE II. - MAILING ADDRESS

The mailing address of the Corporation is 2333 Brickell Avenue, No. 1101, Miami, Florida 33131

ARTICLE III. - CAPITAL STOCK

The maximum number of shares which this Corporation is authorized to have outstanding at any time is 10,000 shares of Common Stock having a par value of \$0.01 per share.

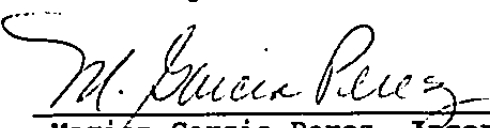
**ARTICLE IV. - INITIAL REGISTERED
OFFICE AND AGENT**

The initial registered office of this Corporation shall be at 6356 Manor Lane, Suite 102-B, South Miami, Florida 33143, and the initial registered agent of this Corporation at such office shall be Marian Garcia Perez.

ARTICLE V. - INCORPORATOR

The name and street address of the person signing these Articles of Incorporation is Marian Perez Garcia, 6356 Manor Lane, Suite 102-B, South Miami, Florida 33143.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation on the 1st day of March, 1995.



Marian Garcia Perez, Incorporator

This instrument prepared by:
Marian Garcia Perez
6356 Manor Lane - Suite 102-B
South Miami, Florida 33143
(305) 667-3375
Florida Bar No. 0383007

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT
AND REGISTERED OFFICE
AND ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT

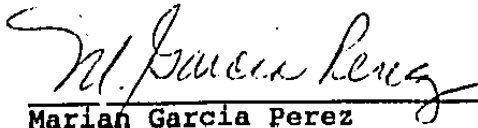
1. The name of the Corporation is:

ECUADOREAN MEDICAL SUPPLY, INC.

2. The name and address of the registered agent and the registered office is: Marian Garcia Perez, 6356 Manor Lane, Suite 102-B, South Miami, Florida 33143.

Pursuant to Section 607.0501, Florida Statutes, the undersigned has been named to act as the registered agent of Ecuadorean Medical Supply, Inc., at the place designated in this certificate and the undersigned agrees to accept such appointment and to act in that capacity. The undersigned further agrees that the undersigned will comply with Section 607.0505, Florida Statutes, relating to the proper and complete performance of the duties of the registered agent of the Corporation and that the undersigned is familiar with and accepts the obligations of the position of registered agent for the Corporation.

Date: March 1, 1995



Marian Garcia Perez
Registered Agent

95 MAR -3 AM 10:42

FILED
MAR 3 1995
SOUTH MIAMI

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P95000018211**

1. Corporation Name

ECUADOREAN MEDICAL SUPPLY, INC.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2333 BRICKELL AVE
#1101
MIAMI FL 33131

Mailing Address

2333 BRICKELL AVE
#1101
MIAMI FL 33131

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/03/1985

5. FEI Number

65-0572435

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres	Maria Teresa A. de De Oliveira	2333 Brickell Ave. Suite 1101	Miami, FL 33131
VP/ Sec.	Jose De Oliveira	2333 Brickell Ave. Suite 1101	Miami, FL 33131

300001976713-3
-10/16/96--01045---007
####375.00 ####375.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

PEREZ, MARIAN G
6356 MANOR LN
SUITE 102-B
S MIAMI FL 33143

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Marian G Perez
REGISTERED AGENT MUST SIGN

Date

9-18-96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Marian G Perez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/18/96

Date

Daytime Phone #