5/06/95

FLORIDA DIVISION OF CORPORATIONS

9:12 AM

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TO: DIVISION OF CORPORATIONS FROM: FAS-T CORP. AGENTS, INC.
DEPARTMENT OF STATE 8405 NW 53RD ST

STATE OF FLORIDA SUITE C-100 409 EAST GAINES STREET MIAMI FL 33166-

TALLAHASSEE, FL 32399 CONTACT: LIDIA FERNANDEZ FAX: (904) 922-4000 PHONE: (305) 599-0839

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FAX: (305) 592-9591
DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.

NAME: F.Z. MEDICAL SUPPLY INC.

FAX AUDIT NUMBER: H95000005062 CURRENT STATUB: REQUESTED DATE REQUESTED: 05/05/1995 TIME REQUESTED: 09:12:05

CERTIFIED COPIES: 1 CERTIFICATE OF STATUS: 0
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ARTICLES OF INCORPORATION

QΕ

F.Z. MEDICAL SUPPLY INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE | NAME

The name of the corporation shall be:

F.Z. MEDICAL SUPPLY INC.

The principal place of business of this corporation shall be: 12490 N.E. 7th Ave. Suite 219

North Miami, Fl 33161

<u>ARTICLE IL NATURE OF BUSINESS</u>

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

President:

Francisco Castellanos

1345 N.E. 135th St. N. Miami, FL 33161

Secretary:

Ziomara Castellanos

1345 N.E. 135th St. N. Miami, FL 33161

Prepared by: Ziomara Castellanos

12490 NE 7th Ave. N. Miami, FL 33161 (305) 895-0998

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ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this enticles of incorporation is(are):

Ziomera Castellanos

1345 N.E. 135th St. N. Miomi, FL 33161

IN WITNESS WHEREOF, the unc Articles of Incorporation this	dersigned incorporator(s) has(have) executed these 4th day of May 1995
•	Signature(s) of Incorporator(s)

(305) 592-9591

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in dealgnating the registered office/registered agent, in the State of Florida.

The name of the corporation is: F	F.Z. MEDICAL SUPPLY INC.	······································
2. The name and address of the registe	ered agent and office is:	·
_ Ziomara Caste	211200	- CO
(P.O. BOX NOT A	ACCEPTABLE)	Professional Profe
·	•	
12490 N.E. 7t	th Ave. Suite 219	ļ.
(CITY/STA	TE/ZIP)	
North Miami,	F1 33161	
	SIGNATURE 1040000 (corporate officer) TITLE Secretary DATE 5/04/95	Dasterano
HAVING BEEN NAMED TO ACCEPT SE CORPORATION, AT THE PLACE DESIGN TO ACT IN THIS CAPACITY, AND I PROVISIONS OF ALL STATUTES RELA FORMANCE OF MY DUTIES, AND I ACC TION 607.325, FLORIDA STATUTES.	NATED IN THIS CERTIFICATE, I HE FURTHER AGREE TO COMPL ATIVE TO THE PROPER AND COM	REBYAGREE Y WITH THE MPLETE PER-

REGISTERED AGENT FILING FEE:

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