08/04 FOR MENU. FLORIDA DIVISION OF CORPORATIONS 12:47 AM PUBLIC ACCESS SYSTEM (((H95000008530))) ELECTRONIC FILING COVER SHEET TO: DIVISION OF CORPORATIONS FROM: FAB-T CORP. AGENTS, INC. DEPARTMENT OF STATE 8405 NW 53RD ST STATE OF FLORIDA 409 EAST GAINES STREET SUITE C-100 MIAMI FL 33166-9-0000 TALLAHASSEE, FL 32399 CONTACT: LIDIA FERNANDEZ FAX: (904) 928-4000 PHDNE: (305) 599-0839 FAX: (305) 592-9591 (((H9500000B530))) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A. NAME: MAG MEDICAL EQUIPMENT, INC. FAX AUDIT NUMBER: H95000008530 CURRENT STATUS: REQUESTED DATE REQUESTED: 08/03/1995 TIME REQUESTED: 12:47:46 CERTIFIED COPIES: 1 CERTIFICATE OF STATUS: 0 NUMBER OF PAGES: 3 METHOD OF DELIVERY: FAX

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### ARTICLES OF INCORPORATION

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Mag Medical Equipment, 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 I NAME

The name of the corporation shall be: Mag Medical Equipment, Inc.

The principal place of business of this corporation shall be:

8600 S.W. 133 Ave. Road #320 Miam1, F. 33183 ARTICLE II NATURE OF BUSINESS

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:

500 Sheres at \$ 1.00 Par Value.

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):

Magally C. Ruiz 8600 S.W. 133 Ave. Rd. #320 Miami, Florida 33183

Prepared by: Magally C. Buiz

8600 3W 133 Ave.Rd #320

Miami FL 33126 (305) 593-9639

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(305) 592-9591

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### ARTICLE VI INCORPORATOR(S)

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

Magally C. Ruiz 8600 S.W. 133 Ave. Rd. #320 Miami, Florida 33183

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this \_\_\_\_\_\_ day of \_\_August \_\_\_\_\_. 19 95

Signature(s) of incorporator(s)

(SEAL)
ARTICLES OF INCORPORATION FILING FEE:

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# CERTIFICATE OF DESIGNATION BEGISTERED 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 designating the registered office/registered agent, in the State of Florida.

1.	1. The name of the corporation is: Has Medical Equipme	int. Inc.			<u>_</u>
2.	2. The name and address of the registered agent and office Hazelly C. Ruiz 8600 S.W. 133 Ave., Rd. #320 (P.O. BOX NOT ACCEPTABLE)	) is:			<del>-</del>
	Miami, Florida 33183				-
	(CITY/STATE/ZIP)				
		- Political Participal	SECRETARY OF STATE TALLAHASSEE, FLORIDA	95 AUG -3 PH 4: 35	FILED
CC TO PR FO	HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS CORPORATION, AT THE PLACE DESIGNATED IN THIS CERT TO ACT IN THIS CAPACITY, AND I FURTHER AGREE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROIF FORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES ATTION 607.325, FLORIDA STATUTES.  SIGNATURE  DATE  DATE	S FOR THE ABO TIFICATE, I HEF TO COMPLY PER AND COM	OVE ST REBY A WITH IPLETE	TATE GRE I TH E PE	16 16 16

REGISTERED AGENT FILING FEE: