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TO: DIVISION OF CORPORATIONS FROM: EMPIRE CORPORATE KIT COMPANY
DEPARTMENT OF STATE 1492 W FLAGLER ST
STATE OF FLORIDA SUITE 200
409 EAST GAINES STREET MIAMI FL 33135-
TALLAHASSEE, FL 32399 CONTACT: RAY STORMONT
FAX: (904) 922-4000 PHONE: (305) 541-3694
FAX: (305) 541-3770

(((H95000010242))) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.
NAME: ALPHA MEDIC PRODUCTS INC.
FAX AUDIT NUMBER: H95000010242 CURRENT STATUS: REQUESTED
DATE REQUESTED: 09/13/1995 TIME REQUESTED: 17:17:15
CERTIFIED COPIES: 0 CERTIFICATE OF STATUS: 0
NUMBER OF PAGES: 4 METHOD OF DELIVERY: FAX
ESTIMATED CHARGE: \$70.00 ACCOUNT NUMBER: 072450003255

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ARTICLES OF INCORPORATION

OF

ALPHA MEDIC PRODUCTS 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: ALPHA MEDIC PRODUCTS INC.

The principal place of business of this corporation shall be: 17001 N.E 20th Ave
North Miami Beach
Florida 33162

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any of all lawful activities of 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 500 @ \$1.00 authorized to have outstanding at any one time is: FIVE HUNDRED @ \$1.00 (ONE DOLLAR)

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

Jose Nae, 3899 NW 7th ST., Suite 203 Miami, FL 33126 Phone (305) 541-3980

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ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and directors(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):

ALFREDO CASTILLO, PRESIDENT

17001 N.E 20th Ave
N. Miami Beach FL 33162

ARTICLE VI INCORPORATOR(S)

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

ALFREDO CASTILLO, PRESIDENT

17001 N.E 20th Ave
N. Miami Beach FL 33162

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 11 day of September 19 95

Signature(s) of Incorporator(s)



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**CERTIFICATE DESIGNATING
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 designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: ALPHA MEDIC PRODUCTS INC.

2. The name and address of the registered agent and office is:

ALFREDO CASTILLO

17001 N.E 20th Ave

(P.O. BOX NOT ACCEPTABLE)

N. Miami Beach Fl 33162

(CITY/STATE/ZIP)

SIGNATURE: *Alfredo Castillo*

(Corporate Officer)

TITLE President

DATE September 11, 1995

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE: *Alfredo Castillo*

(Registered Agent)

DATE September 11, 1995

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