

P96000017683

SIMA ACCOUNTING SERVICES INC.

7221 S.W. 24 STREET
SUITE 212
MIAMI, FLORIDA 33155

Feb. 6, 1996

Department of State
Division of Corporation
Post Office Box 6327
Tallahassee, Florida 32314

600001709826
-02/08/96--01014--004
*****122.50 *****122.50

Ref: Rainbow Medical Equipment Inc.

Dear Sirs:

Enclosed is an original and a copy of the Articles of Incorporation of the above referenced corporation for filing by the Dept. of State. Also enclosed is a check for \$ 122.50 as payment for the following:

- | | |
|-------------------------------|-----------------|
| 1. Filing Fee | \$ 35.00 |
| 2. Registered Agent Fee | 35.00 |
| 3. Certified copy of Articles | <u>52.50</u> |
| | <u>\$122.50</u> |

Please return a certified copy of the Articles of Incorporation to me as soon as they have been filed.

Thank you for your assistance in this matter.

Very truly yours,

Silvia M. Garcia
President - Sima Accounting Services, Inc.

FEB 12 1996 BSB

502
W96-3210

FILED
FEB 26 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 27 1996 BSB



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthum
Secretary of State

February 12, 1998

SIMA ACCOUNTING SERVICES INC.
7221 S.W. 24 STREET
SUITE 212
MIAMI, FL 33155

SUBJECT: RAINBOW MEDICAL EQUIPMENT INC.
Ref. Number: W9600003210

We have received your document for RAINBOW MEDICAL EQUIPMENT INC. and check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6925.

Brenda Baker
Corporate Specialist

Letter Number: 396A00006161

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96 FEB 26 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATIONS
OF
SUPREME MEDICAL EQUIPMENT INC.**

THE UNDERSIGNED, has executed the following document as Incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the laws of the State of Florida.

ARTICLE I

The name of this corporation shall be: SUPREME MEDICAL EQUIPMENT INC.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 100 shares, having an individual par value of \$ 1.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE IV

The street address of the initial principal office and the name of the Resident Agent of this Corporation shall be: FLOR M. BELLO
20328 N.W. 52 COURT
MIAMI, FL. 33055

ARTICLE V

The initial Board of Directors shall consist of a total of one (1) person, and the name and address of the person who is to serve as initial director is:

FLOR M. BELLO
20328 N.W. 52 COURT
MIAMI, FL. 33055

The name and address of the incorporator executing these Articles of Incorporation is:

FLOR M. BELLO
20328 N.W. 52 COURT
MIAMI, FL. 33055

IN WITNESS WHEREOF, the undersigned Incorporator, has (ve) executed these Articles of Incorporation this 5th day of FEBRUARY, 1996.

Florence Bullo

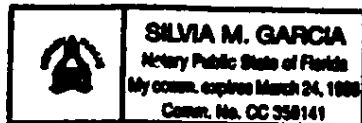
STATE OF FLORIDA)
) SS.
COUNTY OF DADE)

BEFORE ME, a notary public authorized to take acknowledgements in the state of county set forth above, personally appeared _____ known to me and known by me to be the person(s) who executed the foregoing Articles of Incorporation, and he (they) acknowledge before me that he(they) executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the state and county aforesaid, this 5th day of FEBRUARY, 1996.

Silvia M. Garcia
NOTARY PUBLIC, STATE OF FLORIDA
AT LARGE

My Commission Expires:



**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections of 607.0501 or 617.0501, 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: SUPREME MEDICAL EQUIPMENT INC.

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

FLOR M. BELLO

(Name)

20328 N.W. 52 COURT, MIAMI, FLORIDA 33055

(Address/City/State/Zip)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

Flor M Bello

DATE

2/5/96

FILED
95 FEB 26 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA