CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302 TOLL FREE No. 1-800-342-8062 FAX (904) 222-1222

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Please remit invoice number with payment TERMS: NET 10 DAYS FROM INVOICE DATE 1 1/2% per month on Past Due Amounts Past 30 Days, 18% per Annum.

THANK YOU from Your Capital Connection

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION OF FLORIDA MEDI-SUPPLY, INC.

The undersigned subscribers to these Articles of Incorporation each a natural person competent to contract, hereby associate themselves to form a corporation under the laws of the State of Florida.

ARTICLE I: NAME

The name of this corporation is:

FLORIDA MEDI-SUPPLY, INC.

ARTICLE II: NATURE OF BUSINESS

The general nature of business and the objects and purposes to be transacted are:

- 1. Any activity or business permitted under the laws of the State of Florida.
- 2. And in general, to carry on any other business whatsoever in connection with the foregoing or which is calculated directly or indirectly to promote the interest of the corporation or enhance the value of its properties.
- 3. And further, to borrow or raise money for any purpose of the company, and to secure the same and interest, or for any other purpose. To mortgage all or any part of the property corporeal or incorporeal rights or franchises of this company now owned or hereinafter acquired, and to creates, draw and accept and negotiate bonds and mortgages, bills of exchange, promissory notes or other obligations or negotiable instruments.

ARTICLE III: CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is:

ONE HUNDRED (100) shares at \$10.00 PAR VALUE EACH SHARE.

ARTICLE IV: TERM OF EXISTENCE

This corporation shall have perpetual existence.

ARTICLE V: ADDRESS

The initial post office address of the principal office of this corporation in the STATE of FLORIDA is:

4595 NW 7TH ST., MIAMI, FI 33126

The board of Directors may from time to time move the principal office to any other address in the State of Florida, and establish branches and subsidiaries in any place within the United States.

ARTICLE VI: DIRECTORS

This corporation shall have one director initially. The number of directors may be increased or diminished from time to time by the laws adopted by the stockholders, but shall never be less than one.

ARTICLE VII: <u>INITIAL BOARD OF DIRECTORS</u>

The names and post office addresses of the members of the first Board of Directors, who subject to the provisions of certificate of Incorporation, by the by-laws and the corporation laws of the State of Florida, shall hold office for the first year of the corporations existence, or until their successors are elected and have qualified, are:

Maria T. Valdes 4595 NW 7TH ST MIAMI, FL 33126

PRESIDENT & TRESURER

Eric L. Blanco 4595 NW 7TH ST MIAMI, FL 33126

V.P. & SECRETARY

ARTICLE VIII: SUBSCRIBERS

The name and post office address of each subscriber of these Articles of Incorporation, the number of shares of stock each agrees to take and the value of the consideration therefore:

Maria T. Valdes 4595 NW 7th St. Miami, Florida 33126 FIFTY (50) SHARES

Eric L. Blanco 4595 NW 7TH ST MIAMI, FL 33126

FIFTY (50) SHARES

ARTICLE IX: INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office is:

4001 Monserrate, Coral Gables, Florida 33146

The name of the initial registered agent of this corporation is:

Andres Valdes, Jr.

ARTICLE X: AMENDMENT

These Articles of Incorporation may be amended in a manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the stockholders, and approved at a Stockholders' meeting by 100% of the stock entitled to vote thereon.

ARTICLE XI: INDEMNIFICATION

The corporation shall indemnify and save harmless any officer or director, or any former officer or director, to the full extent permitted by law.

ARTICLE XII: INCORPORATORS

The name(s) and address(es) of the person(s) signing as incorporator(s) to these Articles of Incorporation are:

Maria T. Valdes 4595 NW 7TH ST MIAMI, FL 33126

Eric L. Blanco 4595 NW 7TH ST MIAMI, FL 33126

WE THE UNDERSIGNED, being each and all of the original subscribers to the capital stock hereinabove named for the purpose of forming a corporation for profit to do business both within and outside the State of Florida, do hereby make, subscribe and acknowledge and file this certificate, hereby declaring and certifying that the facts herein stated are true, and do respectively agree to take the number of shares of stock hereinabove set forth as to each of us, and accordingly, have hereunto set our hands and seals this 20th day of March, 1996.

Maria T. Valdes

Eric L. Blanco

STATE OF FLORIDA)
COUNTY OF DADE)

The forgoing instrument was acknowledged and sworn to before me this <u>22</u> day of <u>MAICK</u> _____, 1996, by Maria T. Valdes of FLORIDA MEDI-SUPPLY, INC.

(SEAL)

Notary

Public

MIGUEL ACEVEDO State of Florida My Comin, Exp: 04/05/97 Commik: CC274121

Notary Public

My Commission Expires:

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDALS TO THE 5,31HE 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: FLORIDA MEDI-SUPPL	Y, INC.				
2. The name and address of the registered agent and office is:					
ANDRES VALDES JR. (NAME)					
4001 MONSERRATE (P.O. Box of Mail Drop Box NOT ACCEPTABLE)					
CORAL GABLES, FL. 33146 (CHY/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)

(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314