

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

	N E U M O M E (Proposed corporate	name - must include suffix)	
Enclosed is an origin for : \$70.00 Filing Fee	al and one (1) c \$78.75 Filing Fee & Certificate	x \$122.50 \$13 Filing Fee Filing Fee Certified & Certified Additional Copy Require	1.25 Fee, Copy icate
FROM		A. ORE (printed or typed)	- 3/1/96
	<u>11665 s</u>	.W. 112 Ave.	— 76
MIAMI, FLORIDA 33176 City, State & Zip			
	305 256	7713 e Telephone number	

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

NEUMOMEDICA INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

11665 S.W.112 Ave. MIAMI,FLORIDA 33176

Mailing Address; same

ARTICLE III SHARES

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

ONE THOU SAND

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent is:

CARLOS A. ORE 11665 S.W. 112 AVE. MIAMI, FLORIDA 33176

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

CARLOS A. ORE (PRESIDENTE-SECRETARY) 11665 S.W. 112 Ave. MIAMI, FLORIDA 33176

IVAN SUSSMANN (TREASURER)

37 N.W.56 Ave. MIAMI, FLORIDA 33126

THE PURPOSE OF THIS CORPORATION IS EXPORT-IMPORT MEDICAL EQUIPMENT, INSTRUMENTS, ETC.

The undersigned incorporator(s) has(have) executed these Articles of Incorporation thi
25 day of March , 19 96 .
(An additional article must be added if an effective date is requested.)
Darlo A. One Signature
Signature
Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: NEUMOMEDICA INC.	325 PAIN
2.	The name and address of the registered agent and office is:	59
	CARLOS A. ORE (NAME)	
	(P.O. Box or Mail Drop Box NOT ACCEPTABLE)	
	MIAMI, FLORIDA 33176 (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) 25 March, 1996 (DATE)