

ARIEL A. LORIE ACCOUNTING SERVICES, INC.
18876 LA COSTA LN. BOCA RATON, FL 33496
(407) 487-3894

P96000038060

APRIL 22, 1996

SECRETARY OF STATE
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314

400001801334
-04/30/96--01083--015
****122.50 ****122.50

REF: EXODO MEDICAL EQUIPMENT CORP.

GENTLEMEN:

ENCLOSED HERewith ARE THE ARTICLES OF INCORPORATION FOR:
EXODO MEDICAL EQUIPMENT CORP.

ALSO ENCLOSED IS A CHECK IN THE AMOUNT OF \$122.50 COVERING
THE VARIOUS FEES.

PLEASE MAIL THE CERTIFICATION AND ANY CORRESPONDENCE TO
THE ABOVE ADDRESS. THANK YOU.

YOURS TRULY,

Ariel A. Lorie
ARIEL A. LORIE
ACCOUNTANT

MAY 2 1996

BSB

FILED
96 APR 29 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF INCORPORATION

-of-

FILED

96 APR 29 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EXODO MEDICAL EQUIPMENT CORP.

WE, THE UNDERSIGNED, hereby associate ourselves together for the purpose of becoming a corporation under the laws of the State of Florida, by and under the provisions of the Statutes of the said State of Florida.

ARTICLE I

The name of this corporation shall be:

EXODO MEDICAL EQUIPMENT CORP.

ARTICLE II

The corporation may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE III

The maximum number of shares of capital stock that this corporation is authorized to have outstanding at any one time is FIVE HUNDRED (500) shares of common stock, having a par value of ONE (\$1.00) DOLLAR PER SHARE.

ARTICLE IV

The amount of capital with which this corporation will begin business shall be the sum of not less than FIVE HUNDRED (\$500.00) DOLLARS.

ARTICLE V

This corporation shall exist perpetually unless sooner dissolved according to law.

ARTICLE VI

The initial street address of the principal office of the corporation shall be:

11117 OKEECHOBEE RD STE 101

HIALEAH GARDENS, FL 33016

ARTICLE VII

The number of Directors of this corporation shall be at least one and no more than five (5).

ARTICLE VIII

The names and street addresses of the members of the first Board of Directors of this Corporation are as follows:

MARIA DE LOS ANGELES MARTIN..... 7216 W. 34ct.

HIALEAH GARDENS, FL 33016

ARTICLE IX

The name and street address of the persons signing these Articles of Incorporation as subscriber is as follows:

MARIA DE LOS ANGELES MARTIN..... 7216 W. 34 CT.

HIALEAH GARDENS, FL 33016

ARTICLE X

The corporate existence of this corporation shall begin on the date the Articles of Incorporation are filed of record.

IN WITNESS WHEREOF, the undersigned, MARIA DE LOS ANGELES MARTIN

AND N/A, both being natural persons, competent to contract, has hereunto set their hands and seals this 22 day of April, 19 96.

(SEAL)

(SEAL)

STATE OF FLORIDA)

155

COUNTY OF BROWARD)

BEFORE ME, the undersigned Notary Public of the State of Florida, personally appeared MARIA DE LOS ANGELES MARTIN N/A, to me well known and known to me to be the individuals described in and who executed the foregoing Articles of Incorporation, and they acknowledged before me that they executed the same freely and voluntarily for the purpose therein expressed.

WITNESS my hand and official seal this 22 day of APRIL.

1996.



Isabel Duany
MY COMMISSION # CC517394 EXPIRES
December 12, 1999
BONDED THRU TROY FAIR INSURANCE, INC.

(NOTARY SEAL)

Notary Public, State of Florida

My Commission Expires: 12/12/99

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE
FOR THE SERVICE OF PROCESS WITHIN THIS STATE,
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In pursuance of Chapter 48,091, Florida Statutes, the following is
submitted, in compliance with said Act:

FIRST: That EXODO MEDICAL EQUIPMENT CORP. desiring to
organize under the laws of the State of Florida with its principal
offices as indicated in the Articles of Incorporation, in the City
of MIAMI, County of DADE,
State of Florida, has named MARIA DE LOS ANGELES MARTIN, located
at 7216 W. 34 CT, HIALEAH GARDENS,
Florida, 33016, as its agent to accept services of process
within this State.

ACKNOWLEDGEMENT

Having been named to accept service of process for the above
stated corporation, at the place designated in this certificate, I hereby
accept to act in this capacity, and agree to comply with the provisions of said
Act relative to keeping open said office.

By: _____

Resident Agent

FILED
96 APR 29 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA