COVER SHEET FILING DIVISION OF CORPORATIONS FROM: FAS-T CORP. AGENTS, INC. DEPARTMENT OF STATE 8405 NW S3RD BT STATE OF FLORIDA SUITE C-100 409 EAST GAINES STREET MIAMI FL 33166-9-0000 CONTACT: LIDIA FERNANDEZ TALLAHABSEE, FL 32399 FAX: (904) 988-4000 PHONE: (30%) 599-0839 FAX: (305) 592-9591 (((H96000006930))) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A. NAME: INTERNATIONAL A.L.F. & NURSING HOME SUPPLIES, INC. FAX AUDIT NUMBER: H96000006930 CURRENT STATUS: REQUESTED DATE REQUESTED: 05/16/1996 TIME REQUESTED: 11:02:46 CERTIFIED COPIES: 1 CERTIFICATE OF STATUS: 0 NUMBER OF PAGES: 3 METHOD OF DELIVERY: FAX ESTIMATED CHARGE: \$122.50 ACCOUNT NUMBER: 071001002335 Note: Please print this page and use it as a cover sheet when submitting documents to the Division of Corporations. Your document cannot be processed without the information contained on this page. Remember to type the Fax Audit number on the top and bottom of all pages of the document. (((1196000006930))) ** ENTER 'M' FOR MENU. ** FLORIDA DIVIBION OF CORPORATIONS 5/16/96 11:03 AM

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SECRETARY OF STATE
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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation whell be:

INTERNATIONAL A.L.F. & NURSING HOME SUPPLIES, INC.

ARTICLE II PRINCIPAL OFFICE

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

158 WEST 10 ST. HIALEAN, FL 33010

ARTICLE III SHARES

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

ONE HUNDRED SHARES NO PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

GUILLERMO PEREZ 158 WEST 10 ST. HIALEAH, FL 33010

Prepared by: Pedro M. Ramos, C.P.A. 594 East 9th St. Hialeah, Fl 33010 (305) 885-9435

H96000006930

ARTICLE V INCORPORATOR(S) See instructions for officers / directors

**************************************	A M.A. Armania	
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	HIAGEAN, FG 33010	
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Incorporation thi	prporator(s) has(have) execu = day of	ted these Articl
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28	Signature	
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Motarization 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 OFFICE

1

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: INTERNATIONAL A.L.F. & NURSING HOME SUPPLIES, INC.					
2,	The name and add	ress of the registered aga	nt and office is:		
		(Nemo)	10 10 10 10 10 10 10 10 10 10 10 10 10 1		
		WEST 10 ST.	96 HAY SECRET TALLAHA		
		BOX OR MAIL DYOP <u>NOT</u> accept BAH. FL 33010	ARY OF SSEE, FI		

Having been named as registered agent and to accept Hervice 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 welating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(City / State / 21p)

Am 17 1916 (Date)

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