

(SAMPLE LETTER OF TRANSMITTAL)

P970000 93720

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

Re: HAFAR MEDICAL EQUIPMENT INC., Inc.  
(name of corporation)

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

700002334307-5  
-10/30/97-01095-017  
\*\*\*\*122.50 \*\*\*\*122.50

Alvin [Signature]  
(individual's name)

HAFAR MEDICAL EQUIPMENT INC.  
(name of corporation)

MAILING ADDRESS OF CORPORATION		
850 NW 87th Ave., # 205		97 OCT 30 PM 2:36 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS
Miami, Fl. 33172		
PHONE		
( 305 ) 228-9089		
Area Code	Number	Ext.

10-31-97  
WS

# ARTICLES OF INCORPORATION

of

HAFAR MEDICAL EQUIPMENT INC.

(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

## ARTICLE I - CORPORATE NAME

The name of the corporation is:

HAFAR MEDICAL EQUIPMENT INC.

## ARTICLE II - DURATION

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

## ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

## ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue ONE HUNDRED shares (100 ) of ONE Dollar(s) (\$1.00) par value Common Stock, which shall be designated "Common Shares."

## ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The principal office, if known, or the mailing address of the corporation is:

NAME			
ADDRESS	850 NW 87th Ave., # 205		
CITY	Miami	FLORIDA	ZIP 33172

The name and street address of the Initial Registered Agent of this Corporation is:

NAME	MARIA ANGELES MALGRAT		
ADDRESS	850 NW 87th Ave., # 205		
CITY	Miami,	FLORIDA	ZIP 33172

## ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have TWO ( 2 ) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	MARIA ANGELES MALGRAT		
ADDRESS	850 NW 87th Ave., # 205		
CITY	Miami	STATE FL.	ZIP 33172
NAME	MARIA MALGRAT		
ADDRESS	1900 W 54 St., # 403		
CITY	Hialeah	STATE FL.	ZIP 33012
NAME			
ADDRESS			
CITY		STATE	ZIP

FILED  
STATE  
SECRETARY OF  
DIVISION OF CORPORATIONS  
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# **ARTICLE VII - INCORPORATORS**

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME MARIA ANGELES MALGRAT			
ADDRESS 850 NW 87th Ave., #205			
CITY Miami	STATE FL	ZIP 33172	
NAME			
ADDRESS			
CITY	STATE	ZIP	
NAME			
ADDRESS			
CITY	STATE	ZIP	

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 28 day of October, 1997.

x Maria Angeles Malgrat (Seal)  
 \_\_\_\_\_ (Seal)  
 \_\_\_\_\_ (Seal)

STATE OF FLORIDA )  
 ) SS  
 COUNTY OF \_\_\_\_\_ )

before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared:

_____ Signature	_____ Form of Identification
_____ Signature	_____ Form of Identification
_____ Signature	_____ Form of Identification

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that \_\_\_\_\_ executed these Articles of Incorporation, that I relied upon the form \_\_\_\_\_ of identification of the above named person \_\_\_\_\_ as indicated opposite each name, and that an oath (was)(was not) taken.

NOTARY RUBBER STAMP SEAL

Witness my hand and official seal in the County and State last aforesaid this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_\_

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Printed Notary Signature

CERTIFICATE AND ACKNOWLEDGEMENT  
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OR

HAFAR MEDICAL EQUIPMENT INC.

(name of corporation)

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Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:  
The above corporation, desiring to organize under the laws of the State of Florida with  
its registered office as indicated in the Articles of Incorporation  
at 850 NW 87th Ave., # 205

Miami, Fl. 33172

has named MARIA ANGELES MALGRAT  
located at the aforesaid address, as its Registered Agent to accept service of process  
within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above  
stated corporation at the place designated in this certificate, and being familiar with  
the obligations of that position, I hereby accept to act in this capacity, and agree to  
comply with the provisions of Florida Law in keeping open said office.

X Maria Angeles Malgrat  
(registered agent)