P97000096430

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

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SUBJECT:	Medex, Toposed c	FWC. orporate name - must include	suffix)	_
,	(Avobound			
		·	1 1 5	
Enclosed is an original	and one(1) copy of the article	es of incorporation and a	check for:	
☐ \$70.00 Filing Fee	☐ \$78.75 Filing Fee	⊠ \$122.50 Filing Fee	□ \$131.25 Filing Fee,	
Timig rec	& Certificate	& Certified Copy	Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM:	RAFASI Giv	raldorityped)		
	6649 N.W.	. 176 Tervac	<u> </u>	A 97
	Miam: Fl	State & Zip	OID ILLAMASSA	FORETEN S
	(305) 975 - Daytime T	7202 elephone number		TATATI

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

9N 11-12-97

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

MECEX, Juc.

ARTICLE II PRINCIPAL OFFICE

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

6649 N.W. 176 TENVACE

Miami, Florida 33015

<u>ARTICLE III SHARES</u>

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

THE KUNDERED

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Rafael Giva 100

The name and address of the incorporator to these Articles of Incorporation are:

Rafael Gival do

6649 N.W. AG TEVIACE

Miami, Florida 230,5

Signature/Incorporator

(An additional article must be added if an effective date is requested.)

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 agen

ignature/Registered Agent