P9800003048 Law Offices of Comiter, P.A.

ATTORNEY AT LAW

Lloyd Alan Comiter*

* Member of District of Columbia Bar

3712 West Hillsboro Boulevard Deerfield Beach, Florida 33442-9411 (954) 725-5003 Facsimile (954) 725-1303

January 6, 1998

Florida Department of State Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

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Re: Allied Medical Supplies, Inc.

TO whom it may concern:

Enclosed please find an original and one (1) copy of the Articles of Incorporation for the above referenced corporation. I am also enclosing herein my Trust Account check payable to Florida Department of State in the sum of \$122.50 for the filing fee and certified copy of the registration and a self addressed stamped envelope.

Would you please file the Articles at your earliest convenience and forward a stamped copy showing proof of filing for my records. If you have any questions, please do not hesitate to contact me.

Very truly yours,

Lloyd Comiter

LAC:aa Enclosures

cc: Mr. Luis Felipe Perez

FILED

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SECRETARY OF STATE
TALLAHASSEE ELOSINA

ne 1/12/98

ARTICLES OF INCORPORATION

FILED

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SECRETARI OF STATE
TALLAHASSEE, FLORIDA

 \mathbf{OF}

ALLIED MEDICAL SUPPLIES, INC.

The undersigned Subscriber to these Articles of Incorporation, a natural person, competent to contract, hereby forms a Corporation under the laws of the State of Florida.

ARTICLE I

The name of the Corporation is:

ALLIED MEDICAL SUPPLIES, INC.

ARTICLE II

The purpose for which this corporation is organized is 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 stock that this corporation is authorized to have outstanding at any time is One Thousand (1,000) shares of common stock, having no par value.

ARTICLE IV

The amount of capital with which this corporation will begin business is Five Hundred (\$500.00) Dollars.

ARTICLE V

The duration of this corporation shall be perpetual.

ARTICLE VI

The initial Street Address of the principal office of this corporation in the State of Florida is:

Allied Medical Supplies, Inc. 10214 N.W. 47th Street Sunrise, Florida 33351

ARTICLE VII

The initial Registered Agent for the Corporation is:

LUIS FELIPE PEREZ 10214 N.W. 47th Street Sunrise, Florida 33351

ARTICLE VIII

The name, address and age of the incorporator of this corporation is:

NAME	ADDRESS	<u>AGE</u>
Luis Felipe Perez	10214 N.W. 47th Street Sunrise, Florida 33351	25

ARTICLE IX

The Stockholders may from time to time move the principal office of this Corporation to any other address in Florida.

ARTICLE X

This Corporation shall have at least one Director initially, but the number of Directors may be increased from time to time, by By-Laws adopted by the Stockholders but shall never be less than one (1).

ARTICLE XI

The name and post office address of the first Board of Directors and Officers is:

NAME:

ADDRESS AND OFFICE:

Luis Felipe Perez

10214 N.W. 47th Street Sunrise, Florida 33351 President, Director

Rafael M. Miret

10214 N.W. 47th Street Sunrise, Florida 33351 Vice President, Director

Jay C. Seewald

10214 N.W. 47th Street Sunrise, Florida 33351

Secretary, Treasurer, Director

ARTICLE XII

These Articles of Incorporation may be amended in the manner provided by law.

Every Amendment shall be approved by the Board of Directors, proposed by them to the

Stockholders, and approved at a Stockholder's meeting, by a majority of the stock

entitled to vote thereon.

LUIS FELIPE PEREZ

STATE OF FLORIDA COUNTY OF BROWARD

I HEREBY CERTIFY that on this day, before me, a Notary Public, duly authorized in the State and County named above, to take acknowledgments, personally appeared, LUIS FELIPE PEREZ, as Subscriber, and who executed the foregoing Articles of Incorporation, and who acknowledged before me that same subscribed to these Articles of Incorporation.

WITNESS my hand and official seal in the State and County named above, this

17 day of Levenber, 1997.

State of Florida

My Commission Expires:

OFFICIAL NOTARY SEAL LIONARIS FERNANDEZ NOTARY PUBLIC STATE OF FLORIDA COMMISSION, NO. CC622174 MY COMMISSION EXP. FEB. 17.2001

CERTIFICATE OF RESIDENT AGENT

IN PURSUANCE OF CHAPTER 48.091, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED IN COMPLIANCE WITH SAID ACT.

FIRST; that, ALLIED MEDICAL SUPPLIES, INC., desiring to organize under the laws of the State of Florida, with its principal place of business as indicated in the Articles of Incorporation in the County of Broward, State of Florida, has named:

LUIS FELIPE PEREZ 10214 N.W. 47th Street Sunrise, Florida 33351

as its agent to accept service of process within this State.

ACKNOWLEDGMENT:

Having been made to accept service of process for the above stated Corporation, at 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.

LUIS FELIPE PÈREZ

