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(SAMPLE LETTER OF TRANSMITTAL)

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

300002402339--3
-01/15/98-01117-009
***122.50 ***122.50

Office Use Only

Re: A V MEDICAL SUPPLIES 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,

ANGELA MARIE CARVAJAL
(individual's name)

A V MEDICAL SUPPLIES INC.
(name of corporation)

FILED
98 JAN 15 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAILING ADDRESS OF CORPORATION

13785 S.W 66th Street Apt. c234

Miami, FL 33183

PHONE

(305) 752-0944

Area Code

Number

Ext.

ARTICLES OF INCORPORATION

of

A.V MEDICAL SUPPLIES 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:

A.V MEDICAL SUPPLIES 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 <u>13785 S.W. 66 th Street Apt. C234</u> | | |
| CITY <u>Miami</u> | FLORIDA | ZIP <u>33183</u> |

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

| | | |
|---|---------|------------------|
| NAME <u>ANGELA MARIE CARVAJAL</u> | | |
| ADDRESS <u>13785 S.W. 66th Street Apt. C234</u> | | |
| CITY <u>Miami</u> | FLORIDA | ZIP <u>33183</u> |

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have ONE (1) 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 <u>ANGELA MARIE CARVAJAL</u> | | |
| ADDRESS <u>13785 S.W. 66th Street Apt. C234</u> | | |
| CITY <u>Miami</u> | STATE <u>FL</u> | ZIP <u>33183</u> |
| NAME | | |
| ADDRESS | | |
| CITY | STATE | ZIP |
| NAME | | |
| ADDRESS | | |
| CITY | STATE | ZIP |

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ARTICLE VII - INCORPORATORS

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

| | | | |
|--|----------|-----------|--|
| NAME ANGELA MARIE CARVAJAL | | | |
| ADDRESS 13785 S.W. 66th Street Apt. C234 | | | |
| CITY Miami | STATE FL | ZIP 33183 | |
| NAME | | | |
| ADDRESS | | | |
| CITY | STATE | ZIP | |
| NAME | | | |
| ADDRESS | | | |
| CITY | STATE | ZIP | |

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 12 day of January, 19 98.

X Angela M. Carvajal (Seal)

_____ (Seal)

_____ (Seal)

STATE OF FLORIDA)
COUNTY OF _____) SS

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

OF

A V MEDICAL SUPPLIES INC.

(name of corporation)

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 13785 S.W. 66th Street. Apt. C234

Miami, Fl. 33183

has named ANGELA MARIE CARVAJAL

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.

Angela M. Carvajal
(registered agent)

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