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LAZARUS CORPORATE FILING SERVICE, INC.  
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MIAMI, FLORIDA (305)552-5973  
(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. OLYMPUS HEALTH PRODUCTS, INC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

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-01/27/98--01047--024  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time

2:00

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☒ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED  
98 JAN 27 PM 3:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
98 JAN 27 AM 11:12  
DIVISION OF CORPORATIONS

Examiner's Initials

# ARTICLES OF INCORPORATION

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

## ARTICLE I NAME

The name of the corporation shall be:

OLYMPUS HEALTH PRODUCTS, INC.

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## ARTICLE II PRINCIPAL OFFICE

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

6035 S.W. 40th Street, Miami, Florida 33155

## ARTICLE III SHARES

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

The authorized capital stock of the corporation shall be 600 shares of common stock at 1.00 par value

The whole or any part of the capital stock of said corporation shall be payable in lawful money of the United States of America, or property, labor of services, at a just valuation to be fixed by the Board of the Directors

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Jose Pena 6035 S.W. 40th Street, Miami, Florida 33155

**ARTICLE V INCORPORATOR(S)**

**The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):**

Eida M. Artigas 2421 San Domingo St., Coral Gables, Fl 33134

Jose Peña 165 S.W. 130th Avenue, Miami, Florida 33184


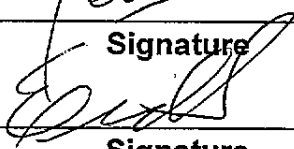
**ARTICLE VI DIRECTOR(S)**

**The name(s) and street address(es) of the director(s) to these Articles of Incorporation is(are):**

(300) Jose Pena President - Treassure 165 S.W. 130th Avenue, Miami, Fl 33184

(300) Eida M. Artigas Vice-president -Secretary 2421 San Domingo, Coral Gables, 33134

**The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 19 day of Jan, 1998.**

  
\_\_\_\_\_  
Signature  
  
\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Signature

**Articles of Incorporation  
Filing Fee - \$35**

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501, 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: Olympus Health Products, Inc.

2. The name and address of the registered agent and office is:

Jose Pena

(NAME)

6035 S.W. 40th Street, Miami, Florida 33155

(P.O. BOX NOT ACCEPTABLE)

Miami, Florida 33155

(CITY/STATE/ZIP)

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 AGENT.

SIGNATURE

DATE

*[Signature]*  
*1/19/98*

**FILED**  
98 JAN 27 PM 3:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REGISTERED AGENT FILING FEE: \$35.00