NLY (Docum OFFICE LAZARIS CORPORATE FILING SERVICE, (Requestor's Name) 3320 S.W. 87th AVENUE (Address) (305)552-5973 MIAMI, FLORIDA (City, State, Zip) LOCAL REPRESENTATIVE TALLAHASSEE OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Document #) (Document #) (Corporation Name) (Document #) (Corporation Name) Pick up time 2-00 Certified Copy Walk in Certificate of Status Will wait Photocopy Mail out AMENDMENTS Amendment **Profit** Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other 800002656738--0 -10/06/98--01045--004 \*\*\*\*\*78.75 \*\*\*\*\*\*78.75 REGISTRATION/ OTHER FILNGS QUALIFICATION. Annual Report HOTTVEO 2009 15 NO ISIA OF FICTITIONS Name Foreign Name Reservation 9- 110 86 Limited Partnership Reinstatement RECEIVED Trademark Other

CR2E031(9/92)

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 | NAME

The name of the corporation shall be:

INTERNATIONAL MEDICAL EQUIPMENTE SUPPLIESCOR

#### ARTICLE II PRINCIPAL OFFICE

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

14025\_S.W. 142 AUC. UNIT#1 Miami, FL. 33186

#### ARTICLE III SHARES

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

100

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MARÍO C. GONZALEZ 11420 S.W. 14 LN # 2410 Miami, FL 33155

## ARTICLE V INCORPORATOR(S)

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

MAGALY B. Laso 14025 S.W. 142 ADE. DNIT1 Miami, FL. 33186

### ARTICLE VI DIRECTOR(S)

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

MAGALY B. LOSO (P) 14025 S.W. 142AUC UNITI Miami1FL. 33186

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this \_\_\_\_\_, 19\_\_\_\_\_,

∕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: INTERNATIONAL MEDICAL EQUIPMENT 1 50 PPLIES CORP.
2	The name and address of the registered agent and office is:
Fa -	MARÍA C. GOWZALOZ (NAME)
	(NAME)
	1/420 5-W 14LN #2410 (P.O. BOX NOT ACCEPTABLE)
	m Ea mi, FL. 33155 (CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PMOCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS RECISTERED 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 INTEGISTERED AGENT.

SIGNATURE Movin Longs of State 10-5-99 DATE 10-5-99

**REGISTERED AGENT FILING FEE: \$35.00**