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LOCAL REPRESENTATIVE TALLAHASSEE

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-11/23/98--01015--004

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OFFICE USE ONLY

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

1. SUN RISE INTEGRAL MEDICAL EQUIPMENT, INC.
(Corporation Name) (Document #)

2. (Corporation Name) (Document #)

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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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

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STATE SECRETARY OF

Examiner's Initials

ARTICLES OF INCORPORATION

The undersigned incorporate(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:

SUN RISE INTEGRAL MEDICAL EQUIPMENT, INC

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ARTICLE II PRINCIPAL OFFICE

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

*7331 Coral Way Suite 213
Miami, Fl. 33155*

Article III Shares

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

100 shares of stock

Article IV Initial Registered Agent and Street Address

The name and address of the initial registered agent is:

*Angel Cancelo.
7331 Coral Way Suit 213
Miami, Fl. 33155*

Article V Incorporate(s)

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

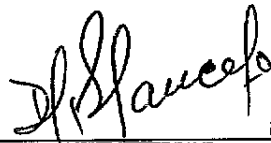
Angel Cancelo.
7331 Coral Way Suite 213
Miami, FL 33155

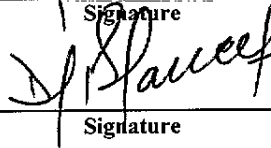
Article VI Director(s)

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

Angel Cancelo.
7331 Coral Way Suite 213
Miami FL 33155
Prersident.

The undersigned Incorporate(s) has (have) executed these Articles of Incorporation
this 19 day of November, 1998



Signature president.


Signature vice-president

**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: SUN RISE INTEGRAL MEDICAL EQUIPMENT, INC.

2. The name and address of the registered agent and offices is:
Angel Cancelo.
7331 Coral Way Suite 213
Miami Florida 33155

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 STATUS 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: 11/19/98

[Handwritten Signature]
NOTARY PUBLIC
STATE OF FLORIDA
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