

P99000024190

Florida Department of State  
Division of Corporations  
Public Access System  
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H99000006271 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850) 922-4001

From:  
Account Name : CREDIT SOLUTIONS, INC.  
Account Number : 110451000522  
Phone : (305) 827-9080  
Fax Number : (305) 827-3778

FILED  
99 MAR 16 PM 3:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

Twilyte Medical Service Supply Corp.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

Audit Number H990000062713

## ARTICLES OF INCORPORATION

### ARTICLE 1-NAME

The name of the Corporation is  
Twilyte Medical Service Supply Corp.

### ARTICLE 2-PURPOSE OF CORPORATION

The Corporation shall engage in any activity of business permitted under the laws of the United States and of the State of Florida.

### ARTICLE 3-PRINCIPAL OFFICE

The address of the principal office of this Corporation is:

11256 SW 159 Av  
Miami FL 33196

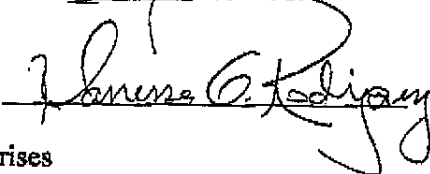
### ARTICLE 4-INCORPORATOR

The name and street address of the incorporator of this Corporation is:

Vanessa G. Rodriguez  
11256 SW 159 Av  
Miami FL 33196

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

16th of March 1999



PREPARED BY  
Credit Solution Incorporated Enterprises  
1790 West 49 Street  
Suite 400-2  
Hialeah FL 33012  
305 827 9080  
305 827 3778

FILED  
99 MAR 16 PM 3:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Audit Number H990000062713

Audit Number H990000062713

**ARTICLE 5-OFFICERS**

The officers of the Corporation shall be:

President: Vanessa G. Rodriguez  
11256 SW 159 Av  
Miami FL 33196

**ARTICLE 6-DIRECTOR(S)**

The Director(s) of the Corporation shall be:

Vanessa G. Rodriguez

**ARTICLE 7-SHARES**

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

100 at \$1.00 per share

**ARTICLE 8-REGISTERED OWNERS**

The Corporation, to the extent permitted by law, shall be entitled to treat the person in whose name any share or right is registered on the books of the Corporation as the owner thereof, for all purposes, and except as may be agreed in writing by the Corporation, the Corporation shall not be bound to recognize any equitable or other claim to, or interest in, such share or right on the part of any other person, whether or not the Corporation shall have notice thereof.

**ARTICLE 9-EFFECTIVE DATE**

These Articles of Incorporation shall be effective immediately upon approval of the Secretary of State, State of Florida.

Audit Number H990000062713

Audit Number

H99000006271 3

**ARTICLE 10-AMENDMENT**

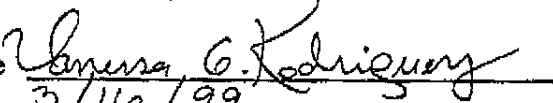
The Corporation reserves the right to amend, alter, change or repeal any provision contained in these Articles of Incorporation, or in any amendment hereto, or to add any provision to these Articles of Incorporation or to any amendment hereto, in any manner now or hereafter prescribed or permitted by the provisions of any applicable statute of the State of Florida, and all rights conferred upon shareholders in these Articles of Incorporation or any amendment hereto are granted subject to this reservation.

**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:****Twilyte Medical Service Supply Corp.****2. The name and address of the registered agent and office is:****Vanessa Rodriguez  
11256 SW 159 Av  
Miami FL 33196**

**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  
3/16/99**FILED**  
**99 MAR 16 PM 3:16**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Audit Number

H99000006271 3