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(City, State, Zip) (Phone #	")			
LOCAL REPRESENTATIVE TALLAHAS:	SEE	OFFICE USE ONLY		
CORPORATION NAME(S) & DO	CUMENT NUMB	ER(S) (if known).		·
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ARTICLES OF INCORPORATION

OF

THE UNDERSIGNEED INCORPORATOR(S) FOR THE PURPOSE OF FORMING CORPORATION UNDER THE FLORIDA GENERAL CORPORATION ACT HEREB ADOPTS THE FOLLOWING ARTICLES OF INCORPORATION.

99 AUG 10 PM 1:50 SECRETARY OF STATE TALLAHASSEE FLORIDA

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE.

ARIBU MEDICAL EQUIPMENT INC.

THE PRINCIPAL PLACE OF BUSINESS OF THIS CORPORATION SHALL BE:

2924 SW 26 STREET MIAMI, FL 33133.

ARTICLE II NATURE OF BUSINESS

THIS CORPORATION MAY ENGAGE IN OR TRANSACT ANY OF ALL LAWFUL ACTIVITIES
BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES THE
STATE OF FLORIDA OR ANY OTHER STATE COUNTRY TERRITORY OR NATION

ARTICLE III CAPITAL STOCK

THE AGGREGATE NUMBER OF SHARES OF STOCK AND ITS PAR VALUE THATR THIS CORPORAATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS

1000 SHARES OF ONE DOLLAR \$1.00 PAR VALUE COMMON STOCK.

ARTICLE IV TERM OF EXISTENCE.

THIS CORPORATION IS TO EXIST PERPETUALLY.

ARTICLE V OFFICERS DIRECTORS

WHO SHALL HOLC OFFICE	T ADDRESS OF THE INITIAL OF THE FIRST YEAR OF THE CO	ORPORATION(S) EXIST	ENCE OR		·
	PRESIDENT	<u></u>			-
LAZAKA M. SANCHEZ	VICE-PRESIDENT				
A	RTICLE VI INCORPO	RATOR (S)			
THE NAME(S) AND STREE INCORPORATION IS (AF	T ADDRESS(ES) OF THE INCO RE)	ORPORATOR(S) TO THI	S ARTICLE OF	Lemmar St	-m -m - a
ARELIS LOPEZ	PRESIDENT				
LAZARA M. SANCHEZ	VICE PRESIDENT				
2924 SW 26 STREET MIAN	ИI, FL 33133.		946 5864 .		 .
IN WITNESS WHEREOF TO THESE ARTICLES OF INC	HE UNDERSIGNED INCORPO CORPORATION THIS 6 <u>DAY (</u>	RATOR(S) HAS (HAVE))FAUGUST 1999.	EXECUTED		

SIGNATURE(S) OF INCORPORATOR(S)

Janara J. Sanchez.

CERTIFICATE DESIGNATING REGISTERED AGENT/ REGISTERED OFFICE

PURSUANT TO PROVISIONS OF SECTION 607.325 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

ARIBU MEDICAL EQUIPMENT INC.

2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

HECTOR VAZQUEZ 1800 W. 49 STREET SUITE 213 MIAMI, FL 33012

(P.O. BOX NOT ACCEPTABLE)

SIGNATURE

CORPORATE OFFICER

AUGUST 6,1999

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE. I HEREBY AGREE TO ACT IN THIS CAPACITY AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTIONS 607.325 FLORIDA

STATUTES.

SIGNATURE

GISTERED AGENT AUGUST 6,1999