OFFICE (ONLY (I		מגור (די	739
LAZA US CORPORASE FILING SI (Requestor's Name) 3320 S.W. 87th AVENUE (Address) MIAMI, FLORIDA (305)552			0029641428 08/19/9901037010
LOCAL REPRESENTATIVE TALLAS CORPORATION NAME(S) & 1. GLADIELO (Corporation Name) 2. (Corporation Name) 3.	HASSEE	OFFICE USE ONLY BER(S) (if known):	******78.75 *****78.75 <u>VT, INC</u>
(Corporation Name) 4. (Corporation Name) Walk in Pick up time Mail out Will wait	Photocopy	(Document #) (Document #) Certified Copy Certificate of Status	PARCEIVED 99 AUG 19 AM II: 1 DEPARTMENT OF STATE ON S
Profit NonProfit Limited Liability Domestication Other	AMENDM Amendment Resignation of F Change of Regist Dissolution/With Merger	R.A., Officer/Director tered Agent	MII: 49 99 AUG 9 PH : 13 PROPATIONS TALLAHASSEE FLORIDA TALLAHASSEE FLORIDA
OTHER FILINGS Annual Report Fictitious Name Name Reservation	REGISTRATIO QUALIFICATIO Foreign Limited/Partners Reinstatement Trademark		PH 1: 13 OF STATE EE FLORIDA

Other

Examiner's Initials

ARTICLES OF INCORPORATION

39 AUG 19 PM 1: 13
SECRETARY OF STATE
ALLAHASSEE FLORIDA

OF

GLADIELO MEDICAL EQUIPMENT, INC.

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:

GLADIELO MEDICAL EQUIPMENT, INC.

ARTICLE II PRINCIPAL OFFICE

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

12319 N.W. 7 LANE MIAMI, FL. 33182

ARTICLE III CAPITAL STOCK

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

500 SHARES AT \$ 1.00 EACH

ARTICLE IV-INITIAL REGISTERED AGENT AND

ADDRESS:

The name and address of the initial registered Agent is:

ELOY M VALDES
12319 N.W. 7 LANE
MIAMI, FL. 33182

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, 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.

1The name of the corporation is: GLADIELO MEDICAL EQUIPMENT, IN
2The name and address of the registered agent and office is:
ELOY M VALDES
(NAME)
12319 N.W. 7 LANE
(P.O. BOX NOT ACCEPTABLE)
MIAMI, FL 33182
(CITY/STATE/SIP)
SIGNATURE Blow M. (alder
(Corporate Officer)
TITLE PRESIDENT
DATE 8-18-99
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 8-18-99

ARTICLE V-INCORPORATOR(S)

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

ELOY M. VALDES.-DTOR-P/V/S/T.- 12319 N.W. 7 LANE, MTAMT, FL 33182 100 SHARES

The unders: Incorporat:	igned has ion this:	(have) executed these Articles of
18	day of	E AUGUST , 19 99
	·	Signature/Title PRESIDENT
		Signature/Title
		Signature/Title
		Signature/Title