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

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 541-3694
Fax Number : (305) 541-3770

FLORIDA PROFIT CORPORATION OR P.A.

new world medical equipment, corp.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

OF

NEW WORLD MEDICAL EQUIPMENT, CORP.

These Articles are in compliance with Chapter 607, F.S.

ARTICLE I

The name of this corporation shall be: NEW WORLD MEDICAL EQUIPMENT, CORP.

ARTICLE II

This corporation shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

ARTICLE III

The principal place of business and mailing address of this corporation shall be: 4445 WEST 16 AVENUE, SUITE 411, HIALEAH, FLORIDA 33012

ARTICLE IV

The general nature of business of this corporation is to transact any and all lawful business.

ARTICLE V

The aggregate number of shares which this corporation shall have authority to issue is the total sum of 100 shares having an individual par value of \$1.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

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ARTICLE VI

The name and street address of the initial Registered Agent of this corporation shall be: KATIA C. BARROSO, 4445 S.W. 16 AVENUE, SUITE 411, HIALEAH, FLORIDA 33012

ARTICLE VII

The initial board of Directors shall consist of a total of 1 person(s) and the name and address of the person(s) who are to serve as an initial director(s) is(are):

PRESIDENT

KATIA C. BARROSO

4445 WEST 16 AVENUE, SUITE 411
HIALEAH, FLORIDA 33012

ARTICLE VIII

The name and address of the incorporator executing these Articles of Incorporation is:

The undersigned has executed these Articles of Incorporation this 10TH day of SEPTEMBER, 19 99.

Ray Stormont
Incorporator

Ray Stormont/President
Signing for
Empire Corporate Kit of America, Inc.

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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.

First that NEW WORLD MEDICAL EQUIPMENT, CORP.
(Name of Corporation)

desiring to organize under the laws of the State of FLORIDA
(Florida)

with its principal office, as indicated in the articles of incorporation has named
KATIA C. BAARDSD located at
(Name of registered agent)

4445 W. 16 AVENUE, #411, County of DADE State
(City) HALEAH (County)

of Florida, as its agent to accept service of process within this state.

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


REGISTERED AGENT

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