

PC99000090/50

FILED  
99 OCT 6 AM 10:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Corporate Records Bureau  
P.O Box 6327  
Tallahassee, Florida 32314

300003006843--E  
-10/06/99--01035--005  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

RE: Articles of incorporation --- *tury Medical Supply inc*

Dear Sirs:

Enclosed please find a check in the amount of \$78.75 representing the fee for a certified copy and filing of the enclosed Articles of Incorporation for the above referenced matter.

If you have any question regarding the foregoing, please do not hesitate to contact me at:  
(305) *823-2946*  
*815-1623*

Sincerely yours,

*Arturo Fonseca*

*2550 W 60th Pl  
Building 19 # 106  
Hialeah FL 33016*

*WFS 23525  
PH 10/13/99*

ARTICLES OF INCORPORATION

FILED  
99 OCT -6 AM 10: 59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

Tux Medical Supply Inc

ARTICLE II PRINCIPAL OFFICE

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

2550 W 60 PL - Building 19  
#106 Hialeah FL 33016

ARTICLE III SHARES

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

- 100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Arturo Fonseca

- 2550 W 60 PL Building 19  
#106 Hialeah FL 33016

ARTICLE V INCORPORATOR (S)

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

- Arturo Fonseca  
- 2550 W 60th Building 19 #106  
Hialeah FL 33016

ARTICLE VI DIRECTOR (S)

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

Arturo Fonseca  
2550 W 60th Bldg 19 #106  
Hialeah FL 33016

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this  
10 - 2 day of 99 1999.



**SIGNATURE**

**SIGNATURE**

**SIGNATURE**

**CERTIFICATION OF DESIGNATION**

FILED

**REGISTERED AGENT / REGISTERED OFFICE**

99 OCT -6 AM 11:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant 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: Tury Medical Supply Inc

2. The name and address of the registered agent and office is:

Arturo Fonseca

(NAME)

2550 W 60 PL Bld - 19 #106

(PO. BOX NOT ACCEPTABLE)

Hialeah FL - 33016

(CITY / STATE / ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNED 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: 10-2-99