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OFFIC : USE ONLY (Deciment #)	
LAZARUS CORPORATE FILING SER	OVICE INC
(Requestor's Name)	YICH INC.
3320 S.W. 87th AVENUE	
(Address) MIAMI, FLORIDA (305)552-5	973
(City, State, Zip) (Phone	
LOCAL REPRESENTATIVE TALLAHA	ASSEE OFFICE USE ONLY
	O CYTA FIRM THE NIVE APPEAR (C) (10)
CORPORATION NAME(S) & D	OCUMENT NUMBER(S) (if known):
1. MIAMI MILLE	NNIUM MEDICAL, INC.
(Corporation Name)	(Document #)
2. (Corporation Name)	(Document #)
3. (Corporation Name)	(Document #)
4.	TALL VISION NO.
(Corporation Name)	(Document#)
Walk in Pick up time	Certified Copy Certificate of Status Certificate of Status
Mail out Will wait	Photocopy Certificate of Status
Man out Man water	JANU D
	S _X S
NEW FILINGS	AMENDMENTS CLAA
Profit	Amendment
NonProfit	Resignation of R.A., Officer/Director
. Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger
OTHER FILINGS	registration/\\ \text{oualification} \\ \text{OUUU0306023U4} \\ -12/03/9901070023 \\ *****78.75 *****78.75
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other *****78. 75 *****78. 75 ******78. 75
Name Reservation	Limited Partnership
Ivaine neseivauoii	Reinstatement
	Trademark CCC 3
•	Other Examiner's Initials



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

December 3, 1999

LAZARUS

MIAMI, FL

SUBJECT: MIAMIMILLENNIUMMEDICAL, INC.

**ORNIAMIMILLENNIUM

MEDICAL, INCORPORATED Ref. Number: W99000027642

WehavereceivedyourdocumentforMIAMIMILLENNIUMMEDICAL, INC. **OR NIAMI MILLENNIUM MEDICAL, INCORPORATED. However, the document has not been filed and is being returned for the following:

The name of the entity must be identical throughout the document.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6934.

Loria Poole Corporate Specialist

Letter Number: 399A00057171

99 DEC

EC -6 ## II: 2



CERTIFICATE OF INCORPORATION

OF

MIAMI MILLENNIUM MEDICAL, INC.

The undersigned subscribers to these Articles of Incorporation, each a natural person competent to contract, hereby associate(s) themselves together to form a corporation under the laws of the State of Florida.

ARTICLE I. NAME

The name of this corporation is:

Miami Millennium Medical, Inc.

ARTICLE II. NATURE OF BUSINESS

The general nature of the business to be transacted by this corporation is: to sell medical goods, equipment and other assorted products and any other valid legal purposes including but not limited to the following:

To conduct business in, have one or more officers in, and buy, hold, mortgage, sell, convey, lease, or otherwise dispose of real and personal property, including franchises, patents, copyrights, trademarks, and licenses, in the State of Florida, and in all other states and countries.

To conduct debts and borrow money, issue and sell or pledge bonds, debentures, notes, and other evidence of indebtedness, and execute such mortgages, transfers or corporate property, or other instruments to secure the payment of corporate indebtedness as required.

To purchase the corporate assets of any other corporation and engage in the same or other character of business.

To guarantee, endorse, purchase, hold, sell, transfer, mortgage, pledge or otherwise acquire or dispose of the shares of the capital stock of, or any bonds, securities, or other corporation of the State of Florida or any other state government, and while owner of such stock, to exercise all rights, power and privileged of ownership, including the right to vote such stock.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock this corporation is authorized to have outstanding at anytime is: 600 shares of common stock having a nominal of \$1.00 par value.

ARTICLE IV. INITIAL CAPITAL

The amount of capital with which this corporation will begin business is: \$600.00

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. ADDRESS

The initial post office address of the initial office of

this corporation in the State of Florida is:

1280 Ali Baba Avenue Opa Locka, Florida 33054

The Board of Directors may, from time to time, move the principal office to any other address in Florida.

ARTICLE VII. DIRECTORS

The corporation shall have two (2) Directors initially.

The number of Director(s) may be increased or diminished from time to time, by-laws adopted by the stockholders, but shall never be less than one.

ARTICLE VIII. INITIAL DIRECTORS & OFFICERS

The names and post office address(es) of the member (s) of the first Board of Directors are:

NAME: ADDRESS: OFFICE:

PEDRO L. DUARTE 9102 S.W. 127 Avenue Pres./Dir.

Miami, FL 33186

JOSE H. GUTIERREZ 35 N.W. 26 Avenue Sec./Dir.

Miami, FL 33125

ARTICLE IX. SUBSCRIBERS

The name(s) and post office address(es) of each subscriber to these Article of Incorporation and percentages of shares of each subscriber is:

NAME: ADDRESS:

PEDRO L. DUARTE 9102 S.W. 127 Avenue 100% Miami, FL 33186

ARTICLE X. REGISTERED OFFICE AND REGISTERED AGENT

The registered office shall be: 1280 Ali Baba Avenue, Opa Locka, Florida 33054 and the registered agent is PEDRO L. DUARTE.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE.

ARTICLE XI AMENDMENT

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the stockholders, and approved at a stockholder's meeting by a majority of the stock entitled to vote thereon.

PEDRO L. DUARTE

NOTARY CERTIFICATE

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

I HEREBY CERTIFY that on this day, before me, a Notary Public, duly authorized in the State and County named above to take acknowledgements, personally appeared, PEDRO L. DUARTE to me known to be the person(s) described as subscriber(s) in an who executed the foregoing described Articles of Incorporation, and they acknowledged before me that they subscribed their name hereto for the purpose therein expressed.

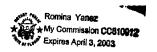
WITNESS my hand and official seal at Miami, Miami-Dade

County, Florida, this

day of December, 1999.

NOTARY PUBLIC Print Name:

My Commission Expires:



ACKNOWLEDGEMENT

(Must be signed by Designated Registered Agent)

Having been named to accept service of process for the above corporation, at place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of said Act relative to keeping open said office.

By

PEDRO L. DUARTE Registered Agent

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SECRETARY OF STATE
TALLAHASSEF F GRADE