

**LAZARUS
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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. APONTE'S MEDICAL INC.

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

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NEW FILINGS

- Profit
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 Domestication
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AMENDMENTS

- Amendment
 Resignation of R.A., Officer/Director
 Change of Registered Agent
 Dissolution/Withdrawal
 Merger

OTHER FILINGS

- Annual Report
 Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
 Limited Partnership
 Reinstatement
 Trademark
 Other

Examiner's Initials

**ARTICLES OF INCORPORATION
OF**

Aponte's Medical Inc.

The undersigned , acting as Incorporator of a Corporation under the Florida Business Corporation Act. , adopts the following Articles of Incorporation .

**ARTICLE I
NAME**

The name of this Corporation is : Aponte's Medical Inc.

**ARTICLE II
DURATION**

This Corporation shall have perpetual existence commencing on the date of the filing of these Articles with the Department of State.

**14231 SW 18th Street
Miami , Florida 33175**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 MAY 25 P 1:03

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**ARTICLE III
CAPITAL STOCK**

The maximum number of shares of stock that this Corporation is Authorized to have outstanding at any one time is 100 _____
_____ Shares of common Stock , having a par value of _ \$ 1.00

**ARTICLE IV
ADDRESS**

The address of the principal office of this Corporation is :

14231 SW 18th Street
Miami , Florida 33175

ARTICLE V

The undersigned incorporator has executed these Articles of incorporation this _24_ day of _May_ 2006_


Signature

Raiza Aponte

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2006 MAY 25 P 7:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLE VI
DIRECTOR(S)**

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

Jose Nicolas Aponte President - Director

Raiza Aponte Registered Agent

**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT
/REGISTERED OFFICE : Raiza Aponte**

**Having been named as Registered Agent and to accept service of
process for the above stated corporation at 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 related to the proper and
complete performance of my duties , and I am familiar with and
Accept the obligations of my position as Registered Agent .**


Registered Agent Signature

**Raiza Aponte
14231 SW 18th Street
Miami , Florida 33175**