

PO3000096747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

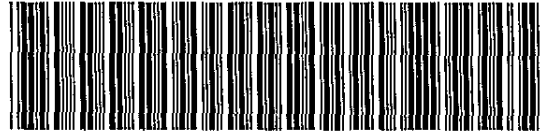
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500022440985

09/04/03--01033--023 **351.25

FILED RECEIVED

03 SEP -4 PM 2:23 SEP -4 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. EAGLE MEDICAL RENTAL & SALES INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☒ Pick up time _____ ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
☒	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

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

OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/ QUALIFICATION	
☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

Examiner's Initials

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

EAGLE MEDICAL RENTAL & SALES INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

11117 W. OKEECHOBEE RD. SUITE: 103
HIALEAH GARDENS, FL 33018

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

SHARES: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

JUAN PAULA (P/D)
11117 W. OKEECHOBEE RD. SUITE: 103
HIALEAH GARDENS, FL 33018

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

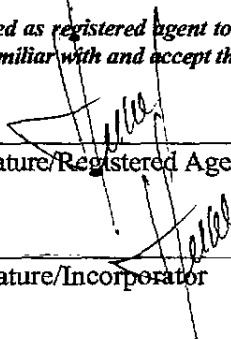
JUAN PAULA
11117 W. OKEECHOBEE RD. SUITE: 103
HIALEAH GARDENS, FL 33018

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JUAN PAULA
11117 W. OKEECHOBEE RD. SUITE: 103
HIALEAH GARDENS, FL 33018

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

09-03-03

Date

Signature/Incorporator

09-03-03

Date

FILED
03 SEP -4 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA