

P12000054111

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet 5175.

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H12000159025 3))



H120001590253ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

RECEIVED
12 JUN 14 PM 2:14
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
IMPORTADORA OF MEDICAL EQUIPMENT, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUN 14 AM 10:52

Electronic Filing Menu Corporate Filing Menu Help

Ps [Signature]

H12000159025

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

12 JUN 14 AM 10:52

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

ARTICLE I NAME IMPORTADORA OF MEDICAL EQUIPMENT, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
1375 NW 97TH AVE
Suite # 2
Doral FL 33172

Mailing address, if different is:
Nairobi Maria Viloria (Pn 35898)
10421 N.W. 28th Street D-108
Miami, FL 33172

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: 1000 Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nairobi Maria Viloria (President)	Name and Title: _____
Address: 1375 NW 97th Ave	Address: _____
Suite # 2	_____
Doral, FL 33172	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name: Mariena Fernandez
Address: 1375 NW 97th Ave Suite #2
Doral, FL 33172

ARTICLE VII INCORPORATOR

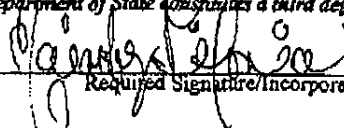
The name and address of the Incorporator is:
Name: Nairobi Maria Viloria
Address: 1375 NW 97th Ave Suite #2
Doral, FL 33172

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


Required Signature/Registered Agent

06/13/2012
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator

06/13/2012
Date