

Florida Department of State

P210001494523

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

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H210001494523ABC

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To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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
UNLIMITED MED SUPPLY INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

FLORIDA
DEPARTMENT OF
STATE
CORPORATION
SERVICES

2021 APR 14 PM 4:27

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Unlimited Med Supply Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

9000 Sheridan St Ste 162
Pembroke Pines FL 33024Same as principal address**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

All lawful and legal Purposes**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Julio Miranda Quintana (P) Name and Title:Address: 9000 Sheridan St Ste 162 Address:
Pembroke Pines FL
33024

Name and Title: Name and Title:

Address: Address:

Name and Title: Name and Title:

Address: Address:

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Julio Miranda Quintana
Address: 9000 Sheridan St Ste 162
Pembroke Pines FL 33024

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:


Name: Julio Miranda Quintana
Address: 9000 Sheridan St Ste 162
Pembroke Pines FL 33024

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 04/13/2021 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)


Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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:

X 
Required Signature/Registered Agent

04/13/2021
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.

X 
Required Signature/Incorporator

04/13/2021
Date