## 3052201440 PAGE 01/03 Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (85<del>0</del>)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 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 MORADA MEDICAL EQUIPMENT INC

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

Electronic Filing Menu

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## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:
MOYADA MEDICAL EQUIPMEN ARTICLE II PRINCIPAL OFFICE: 1 1/10
ARTICLE II PRINCIPAL OFFICE: 1 /1/(
The principal street address and mailing address is:
215 SW17.AUP. SUITE
000
Minmi, FL 33135
ARTICLE III SHARES: The number of shares of stock is:
Bonney ForTAL Quincines
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
Ronney Portal Quinones
215 Su 17 Ave Suite 207
Miami Fl 33135
ARTICLE VI INCORPORATOR: The name and address of the In corporator is:
Ronney Portal Quinones
215 SW IT Ave Suite 202
Mirim: E1 33135

EIN: 39-4645352

## Required Signatures:

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 familian with and a second to
appointment as registered agent and agree to act in this capacity
apacity

Registered Agent 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.

Date Date

2025 OC ; -3 Fr 12: 02