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Florida Department of State
Division of Corporations
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Katherine Harris, Secretary of State

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To: Division of Corporations
Fax Number : (850) 922-4001

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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FLORIDA PROFIT CORPORATION OR P.A.

MSD MEDICAL SUPPLY DISTRIBUTORS CORP.

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TALLAHASSEE, FLORIDA

ARTICLE OF INCORPORATION

OF

MSD MEDICAL SUPPLY DISTRIBUTORS CORP.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: MSD MEDICAL SUPPLY DISTRIBUTORS CORP.

The principal place of business of this corporation shall be:

692 W. 29 St. # 9

Mialeah, Florida 33012

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: $100 \times \$ 10.00 = \$ 1,000.00$

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

PIA MENDEZ
19504 NW. 79 CT.
MIAMI, FLORIDA 33015

DIRECTOR

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the Incorporator(s) to these Article of Incorporation is (are):

PIA MENDEZ
19504 NW. 79 CT.
MIAMI, FLORIDA 33015

PRESIDENT, SECRETARY & TREASURER
100 shares

The undersigned has(have) executed these Article of Incorporation this 11 th. day of November, 1999.



Signature/Title

Signature/Title

Signature/Title

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: _____
MSD MEDICAL SUPPLY DISTRIBUTORS CORP.

2. The name and address of the registered agent and office is _____
PIA MENDEZ
(Name)

19504 NW. 79 CT.

(P. O. BOX NOT ACCEPTABLE)

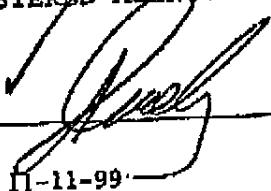
MIAMI, FLORIDA 33015

(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESI AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FOR THER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMACE OF MY DUTIES AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS MY POSITION AS REGISTERED AGENT.

SIGNATURE _____

DATE _____



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