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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

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

FLORIDA PROFIT CORPORATION OR P.A.

CVG MEDICAL, INC.

Certificate of Status	0
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TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

OF

CVG MEDICAL, INC.

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

ARTICLE I NAME

The name of the corporation shall be: **CVG MEDICAL, INC.**

The principal place of business and mailing address of this corporation shall be:

4501 Palm Ave. # 206
Hialeah, FL 33012

ARTICLE II NATURE OF THE BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States The State of Florida, or any other State, County, 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:

1,000 shares of Common Stock, each having \$ 1.00 par value

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) and director(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):

NAME	POSITION	ADDRESS
Maria R. Cruz	President	4501 Palm Ave, #206. Hialeah, FL 33012

Prepared by: Orlando de Armas, CPA. 10300 Sunset Drive Suite # 270 Miami, FL 33173 Phone (305) 441-8899

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ARTICLE VI INCORPORATOR (S)

The name(s) and street address (es) of the incorporator(s) to these articles of incorporation is Ki (are):

NAME	POSITION	ADDRESS
Maria R Cruz	President	4501 Palm Ave. # 206. Hialeah, FL 33012

IN WITNESS WHEREOF, the undersigned incorporator(s) has have executed these Articles of Incorporation this 06 of June 2001.

Signature(s) of Incorporator(s)



**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT / REGISTERED OFFICE**

Pursuant to the provisions of Section 607.0501, 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.

The name of the corporation is: **CVG MEDICAL INC.**

The name and address of the registered agent and officer is:

**Maria R. Cruz
4501 Palm Ave, # 206
Hialeah, Fl. 33012**

SIGNATURE _____

(Corporate Officer)

TITLE _____

President

DATE _____

6-5-01

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE _____

(Registered Agent)

DATE _____

6-5-01

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