# P05000/22232

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TALLAHASSES, FI IRIOA

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# TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	24 / 7 Medical Equipment and Supplies Corporation			
	(PROPOSED CORPORAT	TE NAME – <u>MUST INCL</u> I	ude suffix)	
Enclosed are an orig	ginal and one (1) copy of the artic	les of incorporation and	a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM:	FROM: Manuel Rosado			
	Name (Printed or typed)			
	14319 SW 142 Avenue			
	Α	ddress		
	Miami, FL 33186 City, S	State & Zip		
	305-607-8854 Daytime Te	lephone number		

NOTE: Please provide the original and one copy of the articles.

# ARTICLES OF INCORPORATION

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 SEP -6 PM 12: 37

# ARTICLE I NAME

The name of the corporation shall be:

24 / 7 Medical Equipment and Supplies Corporation

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 14319 SW 142 Avenue Miami, FL 33186

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Distribution and sales of medical equipment and supplies.

#### ARTICLE IV SHARES

The number of shares of stock is: One hundred.

#### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Manuel Rosado 19731 SW 216 Street Miami, FL 33170

### ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is:

Manuel Rosado 19731 SW 216 Street Miami, FL 33170

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Manuel Rosado 19731 SW 216 Street Miami, FL 33170

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

Manual Resident9-2-05Signature/Registered AgentDateManual Resident9-2-05Signature/IncorporatorDate