

PROCEED 184

OFFICE USE ONLY

LEGALUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. PLENTY MEDICAL EQUIPMENT, INC.
(Corporation Name) (Document #)

2. (Corporation Name) (Document #)

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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-02/21/00--01031--013
*****78.75 *****78.75

Examiner's Initials

FILED
00 FEB 21 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
RECEIVED
00 FEB 21 AM 10:19
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF

PLENTY MEDICAL EQUIPMENT, 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:

PLENTY MEDICAL EQUIPMENT, INC.

ARTICLE II PRINCIPAL OFFICE

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

9500 NW 77 AVE. SUITE 24
HIALEAH GARDEN, FL. 33016

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

Five hundred (500) shares of one dollar (\$1.00) par value common stock.

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

JAKSE L. MOREJON
9500 NW 77 AVE. SUITE 24
HIALEAH GARDEN, FL. 33016

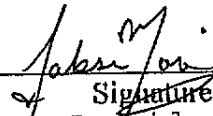
FILED
00 FEB 21 AM 11:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE 7 INCORPORATOR(S)

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

JAKSE L. MOREJON (President, Vicepresident, Treasurer & Secretary)
5951 SW 45 ST.
MIAMI, FL. 33155.

The undersigned has (have) executed these Articles of Incorporation this 17 day of
February, 2000.



Signature / Title
President

Signature / Title

Signature / Title

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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: PLENTY MEDICAL EQUIPMENT, INC.
2. The name and address of the registered agent and office is: JAKSE L. MOREJON

9500 NW 77 AVE. SUITE 24

(P.O. BOX NOT ACCEPTABLE)

HIALEAH GARDEN, FL. 33016

CITY/ STATE/ ZIP)

Signature: _____

Jakse L. Morejon

Title: President

Date: FEB. 17, 2000.

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE I, HEREBY AGREE TO ACT IN THIS CAPACITY AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

Signature: _____

Jakse L. Morejon

Date: FEB. 17, 2000.

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00 FEB 21 AM 11:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA