

# P00000034623

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EXPRESS CORPORATE FILING SERVICE INC  
(Requestor's Name)

1000 PONCE DE LEON BLVD. STE:112  
(Address)

CORAL GABLES, FLORIDA 33134  
(City, State, Zip)

(305) 444-4994 (305) 444-4977  
(Phone#) (FAX#)

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FILED  
00 APR -4 PM 2:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

1. S.A. STAR MEDICAL EQUIPMENT, INC  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☒ Pick up time \_\_\_\_\_ ☒ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

RECEIVED  
00 APR -4 AM 10:14  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

| 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/<br>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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-04/04/00-01018-016  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Examiner's Initials

T BROWN APR - 5 2000

**ARTICLES OF INCORPORATION**  
**FOR**  
**S.A. STAR MEDICAL EQUIPMENT, INC.**

**FILED**  
00 APR -4 PM 2:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

**ARTICLE I NAME**

The name of the corporation shall be:

S.A. STAR MEDICAL EQUIPMENT, INC.

**ARTICLE II PRINCIPAL OFFICE**

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

9806 N.W. 80th AVE. #12-J  
HIALEAH GARDENS, FL 33016

**ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have shall be:

SHARES: 100 @ \$1.00

**ARTICLE IV REGISTERED AGENT**

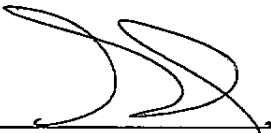
The name and Florida street address of the initial registered agent shall be:

SAMARY VINA  
9806 N.W. 80th AVE. #12-J  
HIALEAH GARDENS, FL 33016

**ARTICLE V INCORPORATOR**

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

SAMARY VINA  
9806 N.W. 80th AVE. #12-J  
HIALEAH GARDENS, FL 33016

  
\_\_\_\_\_  
Signature of Incorporator

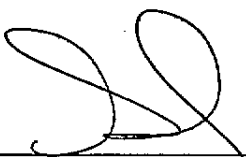
4-3-00  
\_\_\_\_\_  
Date

ARTICLE VI DIRECTOR(S)/OFFICER(S)

The name(s) and address(es) of the director(s)/officer(s) to these Articles of Incorporation are:

SAMARY VINA (P)  
9806 N.W. 80th AVE. #12-J  
HIALEAH GARDENS, FL 33016

Having been named as registered and to accept service of process for the above started 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 am familiar with and accept the obligations of my position as registered agent.

  
\_\_\_\_\_  
Signature of Registered Agent

4-3-00  
\_\_\_\_\_  
Date

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TALLAHASSEE, FLORIDA