

AMC 49783

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

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-05/15/00--01115--018
*****78.75 *****78.75

SUBJECT: AMA HOME CARE CORP.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: MARIO DEL MAZO

Name (Printed or typed)

1844 SW 8 Street

Address

Miami, Florida 33135

City, State & Zip

(305) 642-6666

Daytime Telephone number

FILED
00 MAY 15 PM 2:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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)

ARTICLE I NAME

The name of the corporation shall be:

AMA HOME CARE CORP

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1844 SW 8 Street
Miami, Florida 33135

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Equipment sales, rental, leasing.

ARTICLE IV SHARES

The number of shares of stock is:

100 shares

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Mario del Mazo-Adler

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Mario del Mazo-Adler
1844 SW 8 Street
Miami, Florida 33135

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Mario del Mazo-Adler
1844 SW 8 Street
Miami, Florida 33135

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

Signature/Registered Agent

Date

Signature/Incorporator

Date

FILED
00 MAY 15 PM 2:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

5-11-2000

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