

P000000051734

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H00000028706 0)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 922-4001

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.

UNO MAS MEDICAL SUPPLIES CORP.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

00 MAY 25 AM 9:58

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

B. McKnight MAY 26 2000

Electronic Filing Menu

Corporate Filing

Public Access Help

B00000028706 0

ARTICLE OF INCORPORATION

OF

UNO MAS MEDICAL SUPPLIES CORP.

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

ARTICLE I NAME

The name of the corporation shall be: UNO MAS MEDICAL SUPPLIES CORP.

The principal place of business of this corporation shall be:
161 East Lucy St.
Florida City, Fl. 33034

ARTICLE II NATURE OF BUSINESS

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

100 X \$10.00 = \$1,000.00

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAY 25 AM 9:58

B00000028706 0

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(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):

ALAIN CAMPOS
20900 SW. 376 ST.
HOMESTEAD, FL. 33034

DIRECTOR

ARTICLE VI INCORPORATOR(S)

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

ALAIN CAMPOS
20900 SW. 376 ST.
HOMESTEAD, FL. 33034

PRESIDENT, SECRETARY & TREASURER
100 shares

The undersigned has(have) executed these Article of Incorporation this 25 th. day of May 1995, 2000.



Signature/Title

Signature/Title

Signature/Title

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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.

1. The name of the corporation is: _____

UNO MAS MEDICAL SUPPLIES CORP.

2. The name and address of the registered agent and office is _____

ALAIN CAMPOS

(Name)

20900 SW. 376 ST.

(P. O. BOX NOT ACCEPTABLE)

HOMESTEAD, FLORIDA 33034

(CITY/STATE/ZIP)

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 MAY 25 AM 9:58

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED 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 MY POSITION AS REGISTERED AGENT.

SIGNATURE _____

DATE _____

05-25-00