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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 541-3694
Fax Number : (305) 541-3770

FLORIDA PROFIT CORPORATION OR P.A.

UNIVERSAL PROFESSIONAL MEDICAL RENTAL, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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ARTICLES OF INCORPORATION
OF

UNIVERSAL PROFESSIONAL MEDICAL RENTAL, INC.

These Articles are in compliance with Chapter 607, F.S.

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DIVISION OF CORPORATIONS
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ARTICLE I

The name of this corporation shall be:

UNIVERSAL PROFESSIONAL MEDICAL RENTAL, INC.

ARTICLE II

This corporation shall commence existence upon the date of filing
with the Division of Corporations, state of Florida, and shall have perpetual
existence.

ARTICLE III

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

330 WEST 9th STREET #6, HIALEAH, FL 33010

ARTICLE IV

The general nature of business of this corporation is to transact any and
all lawful business.

ARTICLE V

The aggregate number of shares which this corporation shall have
authority to issue are 500 shares having an individual par value of \$ 1.00

Unless otherwise stated in these articles, or in an amendment to these
articles, there shall be only one (1) class of stock of this corporation.

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ARTICLE VI

The name and street address of the initial Registered Agent of this corporation shall be:

GABRIEL GOMEZ
330 WEST 9th STREET #6
HIALEAH, FL 33010

ARTICLE VII

The initial board of Directors shall consist of a total of 1 person(s) and the name and address of the person(s) who are to serve as an initial director(s) is(are):

GABRIEL GOMEZ
330 WEST 9th STREET #6
HIALEAH, FL 33010

ARTICLE VIII

The name and address of the incorporator executing these Articles of Incorporation is:

GABRIEL GOMEZ
330 WEST 9th STREET #6
HIALEAH, FL 33010

The undersigned has executed these Articles of Incorporation this _____ day of _____, 20____.


Incorporator

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

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DIVISION OF CORPORATIONS
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Pursuant to the provisions of section 607.0501, 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.

First that UNIVERSAL PROFESSIONAL MEDICAL RENTAL, INC.

desiring to organize under the laws of the State of FLORIDA

with its principal office, as indicated in the articles of incorporation has

named Gabriel Gomez

located at 330 WEST 9th STREET #6

City of HIALEAH County of DADE State of Florida,

as its agent to accept service of process within this state.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED 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

Gabriel Gomez
Registered Agent

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