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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 : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

**FLORIDA PROFIT CORPORATION OR P.A.**

**AMERICAN RENTAL MEDICAL SUPPLIES, CORP.**

Certificate of Status	0
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B. McKnight OCT 10 2000

**ARTICLES OF INCORPORATION**  
**OF**  
**American Rental Medical Supplies, Corp.**

THE UNDERSIGNED has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

**ARTICLE I**

The name of this corporation shall be:

**AMERICAN RENTAL MEDICAL SUPPLIES, CORP.**

**ARTICLE II**

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

**ARTICLE III**

The general nature of the business and objects and purpose proposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

**PREPARED BY: ANA DALMAU ARES**  
**3636 SW 87<sup>TH</sup> AVE.**  
**MIAMI, FL. 33165**

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- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:  
To have perpetual succession by its corporate name,

**AMERICAN RENTAL MEDICAL SUPPLIES, CORP.**

**ARTICLE IV**

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of US\$10.00.

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.

**ARTICLE V**

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

**ALBERTO G. SEGURA  
9682 FOUNTAINEBLEAU BLVD. # 706  
MIAMI, FL. 33172**

The principal office shall be:

**9682 FOUNTAINEBLEAU BLVD. # 706  
MIAMI, FL. 33172**

**ARTICLE VI**

The initial Board of Directors shall consist of a total of (2) persons and the names of persons who are to serve as initial directors are:

**ALBERTO G. SEGURA  
9682 FOUNTAINEBLEAU BLVD. #706  
MIAMI, FL. 33172**

**ROBERTO ROJAS  
10952 SW 4<sup>TH</sup> STREET - APT. B  
MIAMI, FL. 33174**

  
**PRESIDENT**

  
**VICE-PRESIDENT**

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

**ALBERTO G. SEGURA  
9682 FOUNTAINEBLEAU BLVD # 706  
MIAMI, FL. 33172**

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IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 9<sup>TH</sup> day of October, 2000.

  
ALBERTO G. SEGURA  
PRESIDENT

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**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the law 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:

**AMERICAN RENTAL MEDICAL SUPPLIES, CORP.**

2. The name and address of the registered agent is:

**ALBERTO G. SEGURA  
9682 FOUNTAINEBLEAU BLVD. # 706  
MIAMI, FL. 33172**

**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:**

  
**ALBERTO G. SEGURA**

**DATE:**

**10-9-00**

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