Division of Corporations

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# Florida Department of State

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

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To:

Division of Corporations

Fax Number

: (850)922-4001

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.

C.O MEDICAL SUPPLIES, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

October 12, 2000

FAS-T

SUBJECT: C.O MEDICAL SUPPLIES, INC.

REF: W00000024702

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## ARTICLE OF INCORPORATION

The undersigned, for the purpose of forming a corporation under the florida general corporation act, do herby adopt the following articles of incorporation:

### ARTICLE ONE

The name of the corporation is: C.O Medical supplies, Inc.

#### ARTICLE TWO

The duration of the corporation is perpetual.

#### ARTICLE THREE

The purpose for which the corporation is organized are:

I- To engage in the business of : Medical supplies

2- To transact any other lawful business for which corporations

may be incorporated under the florida general corporation act.

3- To do such other things as are incidental to the forgoing or necessary or desirable in order to accomplish the foregoing.

PREPARED BY: Ashland Assurance, Inc.

Ailin Turbay 608 N.W 57 Ave Miami FL.33126 (305) 262-4053

#### ARTICLE FOUR

The aggregate number of shares which the corporation is authorized to issue is 100. Such shares shall be of a single class, and shall have \$ 5.00 par value.

#### ARTICLE FIVE

The corporation is authorized to issue only one class of stock, and all issued stock shall be held of record by not more than ten persons. Stock shall be issued and transferable only to natural persons.

#### ARTICLE SIX

No stockholder shall have the right to sell, assign, pledge, transfer, devise, or otherwise dispose of any of the shares of the corporation without first offering such shares for sale to the corporation at the net asset value thereof.

#### ARTICLE SEVEN

The street address of the initial business office of the corporation is :396 Tamiami Canal Road Miami Fl 33144. and the name of its initial register agent is Ailin Turbay.

#### ARTICLE EIGHT

The number of directors constituting the initial board of directors of the corporation are 1. The name and address of each person who is to serve as a member of the initial board of directors is:

NAME

**ADDRESS** 

Carlos Alberto Delgado

396 Tamiami Canal Road Miami ,Fl 33144.

#### ARTICLE NINE

A unanimous vote of directors for effective directors action is required at all directors meetings.

#### ARTICLE TEN

The name and address of each incorporator is:

NAME Ailin Turbay ADDRESS 608 N.W 57 Ave Miami FL 33126

Executed by undersigned at Miami. Fl. on October 11 2000.

CERTIFICATE DESIGNATING ( OR CHANGING ) PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THE STATE , NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In pursuance of chapter 607.34 Florida Statutes, the following is submitted, in compliance with said act: First - that C.O MEDICAL SUPPLIES, Inc. ( NAME OF CORPORATION ) Desiring to organize under the laws of the State of Florida With its principal office, as indicated in the articles of incorporation at City of \_Miami County of Dade (City) (County) State of Florida ALLIN TURBAY. has named (State) (name of resident agent) Located at 608 n.w 57 ave Miami FL, 33126. City of Florida, county of Dade State of Florida, as its agent to accept

ACKNOWLEDGEMENT: (MUST BE SIGNED BY DESIGNATED AGENT)

service of process within this state.

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT PLACE DESIGNATED IN THIS CERTIFICATE I HEREBY ACCEPT TO ACT IN THIS CAPACITY, AND AGREE TO COMPLY WITH THE PROVISION OF SAID ACT RELATIVE TO KEEPING OPEN SAID OFFICE.

SIGNATURE
REGISTERED AGENT AND HASSEE, FLORID