

# P00000098893

## TRANSMITTAL LETTER

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

400003430064--6  
-10/19/00--01082--009  
\*\*\*\*122.50 \*\*\*\*\*78.75

SUBJECT: W-Y MEDICAL EQUIPMENT INC.  
(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

☒ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM: AUAELIA GRAFTON  
Name (Printed or typed)

130 S.W 51 AVENUE

Address

MIAMI - FLA 33134

City, State & Zip

Daytime Telephone number

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 OCT 19 AM 9:30

NOTE: Please provide the original and one copy of the articles.

*in 120/100*

# ARTICLES OF INCORPORATION

of

W-Y MEDICAL EQUIPMENT INC.

(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form corporation under the laws of the State of Florida.

## ARTICLE I - CORPORATE NAME

The name of the corporation is:

W-Y MEDICAL EQUIPMENT INC.

## ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

## ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

## ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue ONE HUNDRED shares ( 100 ) of \_\_\_\_\_

Dollar(s) (\$ 2.50 ) par value Common Stock, which shall be designated "Common Shares."

## ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	<u>MRS. AURELIA GRAFTON</u>		
ADDRESS	<u>175 FOUNTAIN BLUE BLVD STE 1R-1A</u>		
CITY	<u>MIAMI</u>	FLORIDA	ZIP <u>33172</u>

The principal office, if known, or the mailing address of the corporation is:

NAME	<u>W-Y MEDICAL EQUIPMENT INC.</u>		
ADDRESS	<u>180 SW 51 AVENUE</u>		
CITY	<u>MIAMI</u>	FLORIDA	ZIP <u>33134</u>

## ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have TWO ( 2 ) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	<u>MRS. AURELIA GRAFTON</u>		
ADDRESS	<u>175 FOUNTAIN BLUE BLVD STE 1R-1A</u>		
CITY	<u>MIAMI</u>	STATE <u>FLA</u>	ZIP <u>33172</u>
NAME	<u>ALEJANDRO CODINA</u>		
ADDRESS	<u>175 FOUNTAIN BLUE BLVD STE-1R-1A</u>		
CITY	<u>MIAMI</u>	STATE <u>FLA</u>	ZIP <u>33172</u>
NAME	/		
ADDRESS	/		
CITY		STATE	ZIP

FILED  
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DIVISION OF CORPORATIONS  
00 OCT 19 AM 9:30

# ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	AURELIA GRAFTON		
ADDRESS	175 FOUNTAINBLUE BLVD. STE 1R-1A		
CITY	MIAMI	STATE	FLA ZIP 33172
NAME	ALEJANDRO CODINA		
ADDRESS	175 FOUNTAINBLUE BLVD STE 1R-1A		
CITY	MIAMI - FLA	STATE	FLA ZIP 33172
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 30 day of SEPT, 2020.

A. M. Grafton (Seal)  
Dod. B (Seal)  
 (Seal)

CERTIFICATE AND ACKNOWLEDGEMENT  
OF REGISTERED AGENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

CERTIFICATE OF REGISTERED AGENT  
OF

00 OCT 19 AM 9:30

W-Y MEDICAL EQUIPMENT INC.  
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, desiring to organize under the laws of the State of Florida with  
its registered office as indicated in the Articles of Incorporation

at 175 FOUNTAIN BLUE BLVD STE 1A-1A  
MIAMI - FLA - 33172

has named MRS. AURELIA GRAFTON

located at the aforesaid address, as its Registered Agent to accept service of process  
within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above  
stated corporation at the place designated in this certificate, and being familiar with  
the obligations of that position, I hereby accept to act in this capacity, and agree to  
comply with the provisions of Florida Law in keeping open said office.

Aurelia Grafton  
(registered agent) GRAFTON