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TASECANASSEE FISTATE

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

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		-10/	26/0	00	)1879	01	ſ
					秦连秦		

SUBJECT:		A	70	Z	MEDICAL	SUPPLY	CORP	
	(Proposed corporate name - must include suffix)							

. End	closed is an original	and one(1) copy of the articles	s of incorporation and a c	check for :
	☐ \$70.00 Filing Fee	S78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate
٠		·	ADDITIONAL CO	PY REQUIRED
	FROM:	NAHID NAS Name (Printed	SIM or typed) U= 4TM SI	REET
	••	_	- FLA 33	
	<del></del> -	City, State	& Zip	- 1 - 1-
		Daytime Teleph	one number	



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



# ARTICLES OF INCORPORATION

•			·
	A TO Z. MEDICA (name	OL Supply	CORP.
•	(name	of corporation)	
The undersigned : corporation unde	subscriber(s) to these Articles of Incor r the laws of the State of Florida.	poration, natural person(s	competent to contract, hereby form a
•	ARTICLE I -	CORPORATE NAME	•
The name of the	corporation is:  A TO Z MEDIC	AL SUPPLY	CORP. FEE BY
	ARTICI F.	II - DURATION	720
This corporation	shall exist perpetually unless dissolve		aw.
_		III - PURPOSE	20 C
The corporation is United States and	s organized for the purpose of engaging the State of Florida.		ness permitted under the laws of the
		0 ( DYM / T	•
The corporation is	authorized to issue <u>FIVE MUR</u>	- CAPITAL STOCK JPRED shares (ミン	00 tof 01.4
	par value Commo		
The street address	ARTICLE V - INITIAL REC		
The street address	of the Initial Registered Agent office		al Registered Agent at that office is:
NAME	WAHIO		
ADDRESS	4420 S. W. ES	T 4 TH ST	REET
CITY	MAMI	FLORIDA	ZIP 33134
The principal offic	e, if known, or the mailing adress of	of the corporation is:	
NAME	A TOZ M	EDICAL SUL	PPLY CORP
ADDRESS	- 180 S.W		
CITY	MIRMI	FLORIDA	zip 33134 ·
	ARTICLE VI - INITIAL	BOARD OF DIRECTO	······································
. sever compare of diffilli	all have ONE ( ) shed from time to time by the By-L itial director(s) of the corporation a	SWC hilf chall never he i	e number_of directors may be either ess than one (1). The names and
NAME	WAHID	YASSIM.	
ADDRESS	4420 S. WEST		EET
CITY	MIAMI	STATE 12	FLA ZIP 33.134
NAME			1
ADDRESS			
CITY	7	STATE	ZIP
NAME			y <b>245</b>
ADDRESS		` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	
CITY		STATE	ZIP

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ZIP

SEMINOLE-MIAMI 012593

# ARTICLE VII - INCORPORATORS

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

NAME '	WAHID	YASSIM	
ADDRESS	4420 S. W.	4 TH STR	EET
CITY	MIAMI	STATE /	ZA ZIP 33/34
NAME			
ADDRESS			
CITY	/	STATE	ZIP
NAME			1
ADDRESS		<del></del>	,
CITY		STATE	ZIP
IN WITNESS WE	HEREOF, the undersigned subscriber(s)	have executed these Article	
		18/01/	(Seal)

(Seal)

(Seal)

# CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

### CERTIFICATE OF REGISTERED AGENT

OF

	(name of corporation)
	Programme of the second se
	The second secon
***	
Pursuant to Fl	orida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above cor	poration, desiring to organize under the laws of the State of Florida with
,	office as indicated in the Articles of Incorporation
at	130 S.W SI AVE
	MIAMI - FLA 33134-1283
has named	-WAHID YASSIM

## 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.

(registered agent)