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

From: Account Name : RUIZ & CO., INC.
Account Number : 110116001462
Phone : (305) 828-1277
Fax Number : (305) 828-6855

FLORIDA PROFIT CORPORATION OR P.A.

MUNOZ MEDICAL SUPPLIES, INC.

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| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$78.75 |

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B. McKnight NOV 03 2000

**ARTICLES OF INCORPORATION
OF
MUNOZ MEDICAL SUPPLIES, INC.**

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: MUNOZ MEDICAL SUPPLIES, INC.
The principal place of business of this corporation shall be: 4461 Palm Avenue
Hialeah, Florida 33012

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other State, Country, Territory or Nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: (1000) ONE THOUSAND @ \$.10 par value per share.

This Document Prepared by:
Ruiz & Company, Inc
1665 West 68th Street, Ste # 206
Hialeah, Florida 33014
(305) 828-1277

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ARTICLE IV TERM OF EXISTANCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address (es) of the initial officer(s) and director(s), if any, who shall hold officer the first year of the corporation's existence or until their successor(s) is (are) elected, is (are):

Enriquez Munoz
4461 Palm Avenue
Hialeah, Florida 33012

ARTICLE VI AMENDMENT

The corporation reserves the right to amend, alter, change or repeal any provision contained in these Articles of Incorporation in the manner now or hereafter prescribed by the laws of the State of Florida, and all rights conferred upon the shareholders herein are subject to this reservation.


ARTICLE VII INCORPORATOR (S)

The name(s) and street address (es) of the Incorporator(s) to this articles of incorporation is (are):

Enriquez Munoz
4461 Palm Avenue
Hialeah, Florida 33012

IN WITNESS WHEREOF, the undersigned Incorporator (s) has (have) executed these Articles of Incorporation this 27th, day of October 2000.

Signature(s) of Incorporator(s)



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

Pursuant to the provisions of section 607.325, 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.

1. The name of the corporation is: MUNOZ MEDICAL SUPPLIES, INC.
The name and address of office for registered agent is: Enriquez Munoz
4461 Palm Avenue
Hialeah, Florida 33012

SIGNATURE:  _____

TITLE: Officer

DATE: October 27th, 2000

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE:  _____

DATE: October 27th, 2000

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