

TRANSMITTAL LETTER

P00000103952

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

400003443504--6
-10/30/00--01090--017
*****78.75 *****78.75

SUBJECT: Liberty Medical Equipment
(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 of Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: IVAN J. LEBO
Name (Printed or typed)

10900 S.W. 9th Ave
Address

Miami, FL 33176
City, State & Zip

(305) 270-7904
Daytime Telephone number

FILED
00 NOV -6 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

W-26101
gj10/31



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

October 31, 2000

IVAN J. LEDO
10800 S.W. 88 AVE.
MIAMI, FL 33176

SUBJECT: LIBERTY MEDICAL EQUIPMENT
Ref. Number: W00000026101

We have received your document for LIBERTY MEDICAL EQUIPMENT and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6878.

Alan Crum
Document Specialist

Letter Number: 600A00056558

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I. NAME

The name of the corporation shall be:

Liberty Medical Equipment INC.

ARTICLE II. PRINCIPAL OFFICE

The principal place of business/mailling address is:

10800 SW 88 Ave.

MIAMI, FL. 33176

ARTICLE III. PURPOSE

The purpose for which the corporation is organized is:

OFFER SERVICES (RENTAL OF MEDICAL EQUIPMENT.

ARTICLE IV. SHARES

The number of shares of stock is:

500

ARTICLE V. INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

ARTICLE VI. REGISTERED AGENT

The name and Florida street address of the registered agent is:

IVAN LEDO
10800 SW 88 Ave
MIAMI, FL. 33176

ARTICLE VII. INCORPORATOR

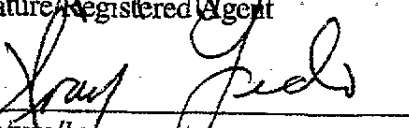
The name and address of the Incorporator is:

IVAN LEDO
10800 SW 88 Ave
MIAMI, FL. 33176

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

X 
Signature/Registered Agent

10/10/00
Date

X 
Signature/Incorporator

10/10/00
Date

FILED
00 NOV -6 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA