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# LAZARUS CORPORATE FILING SERVICE

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MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

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00 NOV 21 AM 11:32  
TALLAHASSEE  
SECRETARY OF STATE  
FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. PLUS MEDICAL SUPPLIES & EQUIPMENT CORP.  
(Corporation Name) (Document #)

2. \_\_\_\_\_ (Corporation Name) (Document #) 600003472796--0

3. \_\_\_\_\_ (Corporation Name) (Document #) -11/21/00--01069--010  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

4. \_\_\_\_\_ (Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

TO BE FILED  
SECRETARY OF STATE  
00 NOV 21 AM 10:03  
TALLAHASSEE  
FLORIDA

11/24  
Examiner's Initials

**ARTICLES OF INCORPORATION OF  
PLUS MEDICAL SUPPLIES & EQUIPMENT Corp.**

The undersigned subscriber to these Articles of Incorporation, a natural person competent to Contract, hereby forms a corporation under the laws of the State of Florida.

**ARTICLE I. NAME**

The name of the corporation shall be **PLUS MEDICAL SUPPLIES & EQUIPMENT CORP.**  
The principal place of business shall be 3750 West 16<sup>th</sup> Ave. Suite # 210 Hialeah, Fl 33012

**ARTICLE II. NATURE OF BUSINESS**

This corporation may engage or transact in 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 maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 500 shares of common stock of \$1.00 par value per share.

**ARTICLE IV. ADDRESS**

The street address of the initial registered office of the corporation shall be 3750 W. 16<sup>th</sup> Ave. Suite 210 Hialeah, Fl 33012 and the name of the initial registered agent of the corporation at that address is Claudia Ortega ..

**ARTICLE V. TERM OF EXISTENCE**

This corporation is to exist perpetually.

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TALLAHASSEE FLORIDA

ARTICLE VI DIRECTORS

This corporation shall have no Directors initially. The affairs of the Corporation will be managed by the shareholders until such time Directors are designated as provided by the Bylaws.

ARTICLE VII INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

Claudia Ortega  
3750 W. 16<sup>th</sup> Ave. Suite 210  
Hialeah, FL 33012

IN WITNESS WHEREOF, the undersigned authorized incorporator, has hereunto set his hand and seal on this 16 day of November 2000.

INCORPORATOR

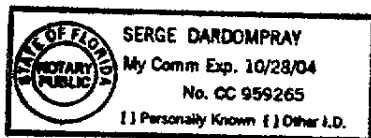
  
Claudia Ortega

The foregoing instrument was acknowledged before me this 17 day of NOV.  
2000.

By CLAUDIA ORTEGA

  
Notary Public, State of Florida at Large

My Commission expires:



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

Pursuant to the provisions of Section 607.0501, 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 Plus Medical Supplies & Equipment CORP.
2. The name and address of the registered agent and office is:

Claudia Ortega

3750 W. 16<sup>th</sup> Avenue Suite 210  
(P.O. Box or Mail Drop **NOT** acceptable)  
Hialeah, FL 33012  
(City, State, Zip Code)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Signature

C. Ortega

Date

11/17/00.

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