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TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

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-12/11/00--01058--017

*****78.75 *****78.75

OFFICE USE ONLY

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

1. WILLIAM'S PHARMACY AND MEDICAL
(Corporation Name) (Document #)

2. EQUIPMENT CORP.
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

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

FILED RECEIVED
 00 DEC 11 PM 12:32 00 DEC 11 AM 10:50
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 TALLAHASSEE, FLORIDA

12/11

Examiner's Initials

ARTICLES OF INCORPORATION
OF

WILLIAM'S PHARMACY AND MEDICAL EQUIPMENT CORP.

FILED
00 DEC 11 PM 12:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

ARTICLE I: NAME

The name of the corporation shall be:

WILLIAM'S PHARMACY AND MEDICAL EQUIPMENT CORP.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1665 W 68th ST # 104 HIALEAH FL. 33014

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 SHARES OF \$5.00 EACH (\$500.00)

ARTICLE IV: INITIAL REGISTERED AGENT & ADDRESS

The name and address of the initial registered agent is:

HEGLICHS W. PEREZ 2814 COLLINS AVE # 36 MIAMI BEACH FL. 33140

ARTICLE V: INCORPORATOR(S)

The name(s) and street address(es) of the incorporator (s) to these Articles of Incorporation is (are):

HEGLICHS W. PEREZ 2814 COLLINS AVE # 36 MIAMI BEACH FL. 33140

ARTICLE VI: DIRECTOR(S)

The name(s) of the director (s) in this corporation is (are):

HEGLICH S W. PEREZ - PRESIDENT-D
2814 COLLINS AVE # 36
MIAMI BEACH FL. ,33140

The undersigned has (have) executed these Articles of Incorporation
this 6 Days of Dec. 2000.



Signature/Title

Signature/Title

Signature/Title

**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:

WILLIAM'S PHARMACY AND MEDICAL EQUIPMENT CORP.

2. The name and address of the registered agents and office is:

HEGLICHS W. PEREZ
2814 COLLINS AVE # 36
MIAMI BEACH FL. 33140

SIGNED: _____

(Corporate Officer)

TITLE: _____

DATE: _____

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: _____

REGISTERED AGENT FILING FEE: \$20.00

FILED
00 DEC 11 PM 12:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA