

PA
TRANSMITTAL LETTER
P01000003929

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

FILED
01 JAN -8 AM 7:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: FRINA MEDICAL, INC.
(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: ROSELLEN J. WELCH
Name (Printed or typed)

10518 SW 75TH LANE
Address

MIAMI, FLORIDA 33173
City, State & Zip

305-595-8095
Daytime Telephone number

400003528554--9
-01/08/01--01131--002
*****78.75 *****78.75

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

1-11-01
1000

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:

FRINA MEDICAL, INC.

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ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

10518 SW 75th Lane
Miami, Florida 33173

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To Buy, Sell, Trade, & Distribute Medical Equipment Supplies

ARTICLE IV SHARES

The number of shares of stock is: 100,000

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:

Florentino Mitchell,
3364 Timberwood Circle
Naples, Florida 34105

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Rosellen J. Welch
3364 Timberwood Circle
Naples, Florida 34105

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

Signature/Registered Agent

Date

Signature/Incorporator

Date