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TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

2 SAMPLES

1. GENESIS MEDICAL EQUIPMENT INC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(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

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

01 JAN 11 AM 10:22

RECEIVED

1001-271

Examiner's Initials PH

1/12/01



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

January 11, 2001

LAZARUS

MIAMI, FL

SUBJECT: GENESIS MEDICAL EQUIPMENT INC.  
Ref. Number: W01000000871

We have received your document for GENESIS MEDICAL EQUIPMENT INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

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) 487-6934.

Loria Poole  
Corporate Specialist

Letter Number: 101A00001659

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01 JAN 12 AM 10:27  
DIVISION OF CORPORATIONS

## ARTICLES OF INCORPORATION

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01 JAN 12 PM 3: 08

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.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### ARTICLE I - NAME

The name of the corporation shall be:

GENESIS MEDICAL EQUIPMENT & SUPPLIES  
INC.

### ARTICLE II - PRINCIPAL OFFICE

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

10755 SW 26 ST.  
MIAMI - FL 33165

### ARTICLE III - SHARES

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

ONE HUNDRED (100) SHARES OF STOCKS.

### ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

EMMA R. CARRASCO  
10755 SW 26 ST.  
MIAMI - FL 33165

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE V - INCORPORATOR

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

EMMA R. CARRASCO  
6655 NW 36th Suite: 222-4  
MIAMI- FL. 33166

The undersigned incorporator has executed these Articles of Incorporation this 10 day of JANUARY 2001

Emma R. Carrasco  
Signature

ARTICLE VI- DIRECTOR(S)

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

EMMA R. CARRASCO PRESIDENT.

ADDRESS:

6655 NW 36th STREET  
SUITE 222-4  
MIAMI- FL. 33166

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Emma R. Carrasco  
Registered Agent Signature