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## To:

Division of Corporations  
Fax Number : (850)922-4001

## From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

**FLORIDA PROFIT CORPORATION OR P.A.****X-MAS KV MEDICAL EQUIPMENTS, CORP.**

Certificate of Status	0
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D. BROWN MAR - 2 2001 ✓

3/2/01 9:00 AM

**ARTICLES OF INCORPORATION  
OF**

**X-MAS KV MEDICAL EQUIPMENTS, CORP**

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CLERK OF DISTRICT COURT  
MIAMI, FLORIDA

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

**ARTICLE I NAMES**

The name of the Corporation shall be : **X- MAS KV MEDICAL EQUIPMENTS, CORP**  
The principal place of business of this corporation shall be: 69 N.W. 27<sup>th</sup> AVENUE  
MIAMI FL 33125.

**ARTICLE II NATURE OF BUSINESS**

This corporation may engage in or transact any or all lawful activities or business permitted under the law of United State, the State of Florida, or any State, Country or Nation.

**ARTICLE III CAPITAL STOCK**

The aggregate number of shares of stock and its per value that this corporation to have  
Outstanding at any one time is: 500 Shares \$1.00 per share.

**ARTICLE IV TERM OF EXISTENCE**

This Corporation is to exist perpetually.

**ARTICLE V OFFICER(S) DIRECTOR(S)**

The names and street address(es) of the initial Officer(s) and Director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected is (are):

CARLOS ALVARADO (P=) 69 N.W. 27<sup>TH</sup> AVENUE MIMI FL 33125.

**ARTICLE VI INCORPORATOR(S)**

The name(s) and street address(es) of the Incorporator(s) to this articles of Incorporation is (are) :

Names

Address

**CARLOS ALVARADO**

President 100% Of Shares

69 N.W. 27<sup>th</sup> Avenue Miami Fl 33125.

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this 1<sup>st</sup> day of March, 2001.

Signature(s) of Incorporator(s)



\_\_\_\_\_  
President

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

Pursuant to the provisions of Section 607-325, Florida Statutes, the undersigned Corporation organized under the law 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 : **X- MAS KV MEDICAL EQUIPMENTS, CORP**

2-The name and address of the registered agent and office is :

**CARLOS ALVARADO**

69 N.W. 27<sup>th</sup> Avenue  
Miami, FL 33125.

Signature : *Carlos Alvarado*  
Incorporator Officer.

Title: President

Date : 03/01/2001

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 : *Carlos Alvarado*  
Incorporator Officer

Date : .....03/01/2001

REGISTERED AGENT FILING FEE:

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