

OFFICE USE ONLY (For Internal Use)

**EXPRESS CORPORATE FILING SERVICE INC.**

(Requestor's Name)

1000 PONCE DE LEON BLVD. STE: 101

(Address)

CORAL GABLES, FL 33134 305-444-4994

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

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

1. J.A.B. Medical Supplies Inc.  
(Corporation Name) (Document #) 500004013535--7  
-04/17/01--01057--008
2. \_\_\_\_\_  
(Corporation Name) (Document #) \*\*\*\*78.75 \*\*\*\*78.75
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☒ Pick up time \_\_\_\_\_ ☒ 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

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2001 APR 17 PM 12:59  
NOT RECORDED  
TO AVOID  
SUFFICIENCY OF FILING

4/17  
SECRETARY OF  
TALLAHASSEE FLORIDA  
01 APR 17 PM 1:40  
Examiner's Initials

**ARTICLES OF INCORPORATION**  
**FOR**  
**J.A.B. MEDICAL SUPPLIES INC.**

FILED  
01 APR 17 PM 1:11  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

**ARTICLE I NAME**

The name of the corporation shall be:

J.A.B. MEDICAL SUPPLIES INC.

**ARTICLE II PRINCIPAL OFFICE**

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

**691 E. 63 ST.  
HIALEAH, FL 33013**

**ARTICLE III NATURE**

This corporation may engage in or transact any all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, county, territory or nation.

**ARTICLE IV CAPITAL STOCK**

The maximum number shares of stock that this corporation is authorized to have outstanding at any one time is **100** shares of common stock having a par value of **\$1.00** per share.

**ARTICLE V TERM OF EXISTENCE**

This corporation shall exist perpetually.

**ARTICLE VI INITIAL OFFICERS/DIRECTORS**


The name(s) 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):

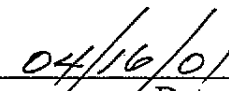
**JOSE ANTONIO BATISTA (P)  
691 E. 63 ST.  
HIALEAH, FL 33013**

**ARTICLE VII INCORPORATOR(S)**

The name(s) and address(es) of the Incorporator(s) to the Article of Incorporation are:

**JOSE ANTONIO BATISTA  
691 E. 63 ST.  
HIALEAH, FL 33013**

  
\_\_\_\_\_  
Signature of Incorporator

  
\_\_\_\_\_  
Date

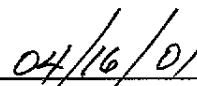
**ARTICLE VIII REGISTERED AGENT**

The name and address of the Registered Agent to these Articles of Incorporation are:

**JOSE ANTONIO BATISTA  
691 E. 63 ST.  
HIALEAH, FL 33013**

Having been named as registered and to accept service of process for the above started 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 of Registered Agent

  
\_\_\_\_\_  
Date

**FILED**  
01 APR 17 PM 1:40  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE