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-06/25/01--01061--010

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

1. EXCELLENT 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

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☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

01 JUN 25 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

RECEIVED

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

NEW FILINGS

☒ Profit
☐ NonProfit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name
☐ Name Reservation

AMENDMENTS

☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

ARTICLES OF INCORPORATION

OF

EXCELLENT MEDICAL EQUIPMENT, INC.

FILED
01 JUN 25 PM 12:08
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:

EXCELLENT MEDICAL EQUIPMENT, INC.

ARTICLE II PRINCIPAL OFFICE

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

2500 SW. 107 AVE., SUITE 10, MIAMI, FL 33165.

ARTICLE III CAPITAL STOCK

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

500 SHARES AT \$ 1.00 EACH

ARTICLE IV-INITIAL REGISTERED AGENT AND

ADDRESS:

The name and address of the initial registered Agent is:

MABEL MARTIN
1024 SW. 42 AVE.
MIAMI, FL 33134

ARTICLE V-INCORPORATOR(S)

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

MARBEL MARTIN.-1024 SW. 42 AVE, MIAMI, FL 33134
D/P/S/T.

100% SAHRES

The undersigned has (have) executed these Articles of Incorporation this:

22 day of JUNE, 2001


Signature/Title
PRESIDENT

Signature/Title

Signature/Title

Signature/Title

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, 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: EXCELLENT MEDICAL EQUIPMENT, INC.

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

MABEL MARTIN

(NAME)

1024 SW. 42 AVE

P.O. Box not acceptable

MIAMI, FL 33134

(CITY/STATE/ZIP)

SIGNATURE

Mabel Martin
(Corporate Officer)

TITLE

PRESIDENT

DATE

JUNE 22, 2001

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

DATE JUNE 22, 2001

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TALLAHASSEE FLORIDA