

OFFICE USE ONLY (Document #)

# P01000268776

## LAZARUS CORPORATE FILING SERVICE

(Requestor's Name)

3320 S.W. 87 AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

300004470993--6

-07/12/01-01006-019

\*\*\*\*\*78.75 \*\*\*\*\*78.75

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

1. BETTER CARE MEDICAL SUPPLIES CORP  
(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

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
JUL 2 AM 10:19  
NO ACKNOWLEDGE  
SUFFICIENCY OF FILING

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

01 JUL 12 PM 1:28  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
FILED

Examiner's Initials

## ARTICLES OF INCORPORATION

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:

Better Care Medical Supplies Corp -

### ARTICLE II-PRINCIPAL OFFICE

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

6994 W 25 Ct  
Hialeah FL 33016

### ARTICLE III-SHARES

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

One hundred shares

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

The name and address of the initial registered agent is:

Jose Ramon Suarez  
6994 W 25 CT  
Hialeah Fl 33016

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TALLAHASSEE FLORIDA

ARTICLE V-INCORPORATOR

The name(s) and street addrees of the incorporator to these Articles of Incorporation is (are):

Jose Ramon Suarez

6994 W 25Ct

Hialeah Fl 33016

The undersigned incorporator has executed these Articles of Incorporation this 10 day  
of July,2001.

Jose R Suarez

Signature

ARTICLE VI-DIRECTOR(S)

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

Jose Ramon Suarez, President

6994 W 25 ct

Hialeah,Fl 33016

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Having been name 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.

Jose R Suarez

Registered Agent

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CLERK OF STATE  
TALLAHASSEE FLORIDA