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Division of Corporations

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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)205-0381

From: Account Name : ANA DALMAU ARES, P.A.  
Account Number : 120000000268  
Phone : (305)229-8256  
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FLORIDA PROFIT CORPORATION OR P.A.

LAKE FRONT MEDICAL EQUIPMENT, INC.

Certificate of Status	0
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Estimated Charge	\$78.75

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**ARTICLES OF INCORPORATION  
OF  
LAKE FRONT MEDICAL EQUIPMENT, INC.**

THE UNDERSIGNED has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

**ARTICLE I**

The name of this corporation shall be:

**LAKE FRONT MEDICAL EQUIPMENT, INC.**

**ARTICLE II**

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

**ARTICLE III**

The general nature of the business and objects and purpose proposed to be transacted and carried on by this corporation are to do any and all of the things, as fully and to the same extent as natural persons might do, viz:

PREPARED BY: ANA DALMAU ARES  
3636 SW 87<sup>TH</sup> AVE.  
MIAMI, FL. 33165

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Transact any and all lawful business.

(1) Said corporation shall further have powers:

To have perpetual succession by its corporate name,

## LAKE FRONT MEDICAL EQUIPMENT, INC.

### ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of US\$10.00.

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

### ARTICLE V

The name and street address of the initial Registered Agent of this corporation shall be:

NOEL MARTINEZ  
2313A WEST OKEECHOBEE RD.  
HIALEAH, FL. 33010

The principal office shall be:

2313A WEST OKEECHOBEE RD.  
HIALEAH, FL. 33010

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ARTICLE V

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The initial Board of Directors and Shareholders shall be composed by FOUR (4) persons, whose names and addresses are:

NOEL MARTINEZ - PRESIDENT - 50% SHAREHOLDER  
2659 W OKEECHOBEE RD.# E104  
HIALEAH, FL. 33010

GLADYS GARCIA - VICEPRESIDENT - 50% SHAREHOLDER  
5091 W 12<sup>TH</sup> LANE  
HIALEAH, FL. 33012

JOSE GARCIA - TREASURER  
5091 W 12<sup>TH</sup> LANE  
HIALEAH, FL. 33012

GEORGINA GARCIA - SECRETARY  
5091 W 12<sup>TH</sup> LANE  
HIALEAH, FL. 33012

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

NOEL MARTINEZ  
2313A W. OKEECHOBEE RD.  
HIALEAH, FL 33010

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 19<sup>TH</sup> day of September, 2001.

NOEL MARTINEZ  
PRESIDENT



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

Pursuant to the provision of sections 607.0501 or 617.0501, 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:

**LAKE FRONT MEDICAL EQUIPMENT, INC.**

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

NOEL MARTINEZ  
2313A W. OKEECHOBEE RD.  
HIALEAH, FL 33010

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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: \_\_\_\_\_

  
NOEL MARTINEZDATE: 09/19/01

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