

P0100000941012

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

800004612329-6
-09/26/01--01066--004
*****78.75 *****78.75

SUBJECT: ASHANTI MEDICAL EQUIPMENT CORP.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50 Filing Fee
Filing Fee.
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: NANCY DE LA TORRE

Name (Printed or typed)

4110 WEST 19TH AVE.

Address

HIALEAH, FLORIDA 33012

City, State & Zip

305-825-9542

Daytime telephone number

2001 SEP 26 PM 2:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

NOTE: Please provide the original and one copy of the articles.

9/27/01

FILED

2001 SEP 26 PM 2:03

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF INCORPORATION

The undersigned incorporation(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:

ASHANTI MEDICAL EQUIPMENT CORP.

ARTICLE II PRINCIPAL OFFICE

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

4110 WEST 19TH AVE.

HIALEAH, FLORIDA 33012

ARTICLE III PURPOSE

The purpose for which this corporation is been organized is:

SALES AND RENTAL OF MEDICAL EQUIPMENT

ARTICLE IV SHARES

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

200 SHARES AT \$1.00 PAR VALUE

ARTICLE V INITIAL OFFICERS / DIRECTORS

The name(s), address(es) and title(s):

**NANCY DE LA TORRE- PRESIDENT
4110 WEST 19TH AVE.
HIALEAH, FLORIDA 33012**

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

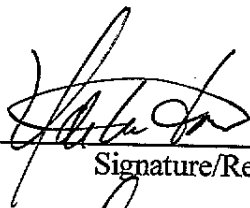
**NANCY DE LA TORRE
4110 WEST 19TH AVE.
HIALEAH, FLORIDA 33012**

ARTICLE VII INCORPORATOR

The name and street address of the incorporator is:

**NANCY DE LA TORRE
4110 WEST 19TH AVE.
HIALEAH, FLORIDA 33012**

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

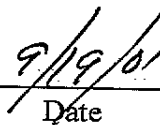


Signature/Registered Agent


Date



Signature/Incorporator


Date

CERTIFICATE OF DESIGNATION OF 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.

The name of the corporation is:

ASHANTI MEDICAL EQUIPMENT CORP.

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

NANCY DE LA TORRE

(NAME)

4110 WEST 19TH AVE.

(P.O. BOX OR MAIL DROP OFF BOX NOT ACCEPTABLE)

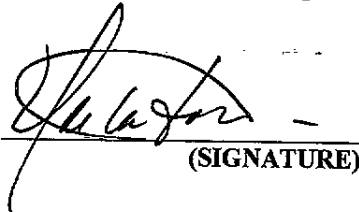
HIALEAH, FLORIDA 33012

(CITY/STATE/ZIP)

2001 SEP 26 PM 2:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

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)

09/19/2001

(DATE)