

001000099795  
TRANSMITTAL LETTER

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

300004624483--3  
-10/05/01--01023--011  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

TARANO  
SUBJECT: R.T. Medical Supply, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: Robiel Tarano  
Name (Printed or typed)

717 Ponce de Leon Blvd.  
Address

Suite 236 Coral Gables, Fl. 33134  
City, State & Zip

(305) 302-0651  
Daytime Telephone number

01 OCT 15 AM 11:30  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

6001-23264  
Ps 10/15/01 25 10/8/01



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

October 8, 2001

ROBIEL TARANO  
717 PONCE DE LEON BLVD, SUITE 236  
CORAL GABLES, FL 33134

SUBJECT: R.T. MEDICAL SUPPLY, INC.  
Ref. Number: W01000023264

We have received your document for R.T. MEDICAL SUPPLY, INC. and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

If you have any further questions concerning your document, please call (850) 245-6915.

Pamela Smith  
Document Specialist  
New Filings Section

Letter Number: 801A00056059

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

01 OCT 15 AM 11:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

Tarano Medical Supply, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

717 Ponce de Leon Blvd #236  
Coral Gables, Fl. 33134

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

medical Equipment.

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

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

**ARTICLE VI REGISTERED AGENT**

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

Robiel Tarano  
15520 SW 209 Ave  
miami fl. 33187

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Robiel Tarano  
15520 SW 209 Ave  
miami fl. 33187

\*\*\*\*\*  
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

Rarano

Signature/Registered Agent

10/2/01

Date

Rarano

Signature/Incorporator

10/2/01

Date