# 0006672

Florida Department of State

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Account Name : EMPLEE CORPORATE KIT COMPANY Account Number : 072450003255

: (305) 634-3694 : (305) 633-9696

Phone

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## FLORIDA PROFIT CORPORATION OR P.A.

S.O.S. MEDICAL EQUIPMENT, INC.

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Certificate of Status	0
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ARTICIALS VF. ANYSEE

OF

H 02000022322 s.o.s. MEDICAL EQUIPMENT, INC. The undersigned hereby petition for the formation of a corporation under the laws of the State of Florida, with and under the following Charter:

#### ARTICLE I

The name of the corporation shall be:

### S.O.S. MEDICAL ROUTPMENT, INC.

#### ARTICLE II

The general nature of the business to be transacted shall be sales and rental of medical equiptment or otherwise engage in any activity or business permitted under the laws of the United States of America and this State.

#### ARTICLE III

The capital stock of this corporation shall consist of 1000 shares of common stock of \$1.00 par value each, all or part of said stock to be issued from time to time as may be determined by the Board of Directors. On dissolution or liquidation of the corporation the holders of the stock shall be entitled to distribution rateable as their holdings may appear upon the stock record of the corporation.

#### ARTICLE IY

This comporation shall have perpetual existence.

#### ARTICLE Y

The business and property of this corporation shall be managed by a Board of Directors consisting of one (1) or more members, as may be provided sylaws.

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GERALD T. ENGEL, ESQ. 901 N. W. 22ND AVENUE MTAMI, FL 33125 (305) 649-7344

FL. BAR NO.: 694-290

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#### APRILLIP YE

The names and post office addresses of the first Board of Directors of this corporation, who, subject to the provisions of this Certificate, the By-laws of this corporation, and the laws of the State of Florida, shall hold office for the first year of this corporation's existence or until their successors are elected and have qualified, are as follows:

president

EDUARDO CARRILLO 9443 FONTAINEBLEAU BLVD. Residing at:

<u> 104</u> MIAMI FL 33172

#### ARTICLE VII

The Registered Agent for the purpose of complying with florida law shall be EDUARDO CARRILLO and the registered agent's office of this corporation shall be 9443 FONTAINEBLEAU BLVD., APT. 104, MIAMI. FL 33172.

#### ARTICLE VIII

The post office address of the principal office of this corporation until otherwise determined by the stockholders or the Board of Directors shall be 9443 FONTAINEBURAU BLVD., APT. 104, MIAMI, FL 33172 and branch Offices may be maintained at such places in the State of Florida, and in the United States of America and in foreign countries as may from Lime to time be authorized by the stockholders or Board of directors of this corporation.

#### ARTICLE IX

The name and post office address of the Subscriber of this Cartificate or incorporation and the number of shares of the capital stock of this corporation subscribed by the said Subscriber of this Certificate of Incorporation are as follows:

ADDRESS

NO. OF SHARES

9443 FONTATNEBLEAU BLVD. 1000 NAME EDUARDO CARRILLO

33172 MIAMI, FL 331

02000022322 The regulations of the conduct of the affairs of this corporation, the issuance of certificate of capital stock of this corporation, the voting rights of the holders of the shares of the capital stock of this corporation, are vested in the shareholders.

IN WITNESS WHEREOF, the undersigned Subscriber has hereunto set their hand and seal in the City of Miami, County of Dade, State of Florida, this 24Th day of January, 2002.

SWORN TO AND SUBSCRIBED before me on this 24Th day of January, 2002.

deralle EDUARDO CARRILLO, PRESIDENT

STATE OF FLORIDA COUNTY OF DADE

I HEREBY CERTIFY that on this day personally appeared before me, the undersigned authority, EDUARDO CARRILLO, known to be the person who executed the foregoing Certificate of Incorporation of S.O.S. MEDICAL EQUIPMENT, INC., and he acknowledged before me that he has executed the same for the purpose therein set forth. The foregoing instrument was acknowledged before me by EDUARDO CARRILLO, who produced identification.

SWORN TO AND SUBSCRIBED before me

2002, day of January,

in Miami, Florida.

of State

MY COMMISSION EXPIRES:

COMMISSION NO. CORREST NO. COMMISSION NO. CORREST

OFFICIAL NOTARY SEAL

I ACCEPT DESIGNATION AS REGISTERED AGENT OF THIS CORPORATION AND I AM FAMILIAR WITH THE DUTIES REQUIRED OF ME.

alllais EDUARDO CARRILLO

prepared by:

GERALD T. ENGEL, ESQ. 901 N. W. 22ND AVENUE 33125 MIAMI, FL (305) 649-7344

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