

POJ000040638

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Joan M. H. F. O. Z.
Requestor's Name

02 APR 15 PM 2:11

P.O. Box 52095
Address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TALL. FL 32245
City/State/Zip Phone #

Office Use Only

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

- MEDICAL EQUIPMENT SUPPLIER INC.
(Corporation Name) (Document #)
- _____
(Corporation Name) (Document #)
- _____
(Corporation Name) (Document #)
- _____
(Corporation Name) (Document #)

- Walk in
 Pick up time _____
 Certified Copy
 Mail out
 Will wait
 Photocopy
 Certificate of Status

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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

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*****78.75 *****78.75

4-15-02

Examiner's Initials DeWhite

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AND
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02 APR 15 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

MEDICAL EQUIP MENTS SUPPLIER, INC.

The undersigned incorporator hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

ARTICLE I – NAME & ADDRESS OF THE CORPORATION

The name of the corporation shall be:

MEDICAL EQUIP MENTS SUPPLIER, INC.

The address of the principal office of this corporation shall be 7901 Baymeadows Circle East Suite 575 Jacksonville, Fl. 32256, and the mailing address shall be P.O.Box 550534 Jacksonville, Fl. 32255.

ARTICLE II – NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE III – NATURE OF BUSINESS

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 1000 shares of common stock having \$1.00 par value per share.

ARTICLE IV – ADDRESS OF PRICIPAL OFFICE AND INTIAL REGISTERED AGENT

The street address of the initial principal office of the corporation shall be 7901 Baymeadows Circle East Suite 575 Jacksonville, Florida 32256, and the name of the initial registered agent of the corporation is Azmath Unissa.

ARTICLE V – TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI – OFFICERS AND DIRECTORS

This corporation shall have number of directors, initially. The name and street address of the initial directors who shall hold office for the year of the corporation, or until their successors are elected or appointed is:

AZMATH UNISSA
P.O.Box 550534
Jacksonville, Florida 32255

Director/ President/
Vice President/ Treasure/
Secretary

ARTICLE VII – INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is Azmath Unissa, 7901 Baymeadows Circle East Suite, 575 Jacksonville, Florida 32218.

ARTICLE VIII – PREEMPTIVE RIGHTS

Every shareholder, upon the sale for cash of any new stock of this corporation, to include treasury shares and authorized but unissued shares, of the same kind, class or series, as to that which he already holds, shall have the right to purchase his pro rata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

**ACCEPTANCE OF REGISTERED AGENT DESIGNATED
IN ARTICLES OF INCORPORATION**

AZMATH UNNISSA having a business office at 7901 Baymeadows Circle East Suite 575, Jacksonville, Florida 32256, and having been designated as the Registered Agent in the above and foregoing Articles, is familiar with and accepts the obligations of the position of registered Agent under Section 607.0505, Florida Statutes.


AZMATH UNNISSA

**STATE OF FLORIDA
COUNTY OF DUVAL**

BEFORE ME, the undersigned authority, personally AZMATH UNNISSA of the agent, to me well known to be the individual described in and who executed the foregoing instrument, and acknowledged before me that they executed the same for the purpose therein expressed. I relied upon the following form(s) of identifications of the above named persons: _____

WITNESS my hand and seal in the county and state named above, this ___ day of April, 2002.

Notary Public, State of Florida at Large

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IN WITNESS WHEREOF, the undersigned, Azmath Unissa, have hereunto set their hands and seal on this ___ day of April, 2002.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



AZMATH UNISSA

STATE OF FLORIDA

COUNTY OF DUVAL

BEFORE ME, the undersigned authority, personally appeared Name, to me known to be the individual described in and who executed the foregoing Articles of Incorporation, and acknowledged before me that they executed the same for the purpose therein expressed. I relied the following form(s) of identification of the above named persons:

WITNESS my hand and seal in the county and state named above, this ____ day of April, 2002.

Notary Public, State of Florida at Large
