P020004-1101

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

SUBJECT:	LM Medical Su (PROPOSED CORPORAT	APPILES, Inc.	DE SUFFIX)		
	(FROZ OBEE COLE OLEAN	_	00005185 -04/03/02- *****43.75	925 -0104 5 **	5 03 2019 ***43.75
Enclosed are an ori	iginal and one (1) copy of the artic	cles of incorporation and	a check for:	i	
□ \$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		
FROM: _	Lisa Marie Pie	ADDITIONAL CO	PY REQUIRED	-	يمحر
	6221 NW 74th	Cow+			 -
	Parkland, Fl 35 City,	3067 O State & Zip	0000518: -04/16/02- ******35.00		5 0 3 1016 **35.00
	(954) 752-8691	elephone number		. :	T _A co
	NOTE: Please provide the or	riginal and one copy of	the articles.	02 APR 16 PM 2: 14	THEORETARY OF STATE LLAHASSEE, FLORIDA

BR 4/16 1202-9476



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 4, 2002

LISA MARIE PIEGARI 6221 NW 7TH CT PARKLAND, FL 33067

SUBJECT: LM MEDICAL SUPPLIES, INC.

Ref. Number: W02000009476

We have received your document for LM MEDICAL SUPPLIES, INC. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$35.00.

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.

You must list at least one incorporator with a complete business street address.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6919.

Letter Number: 102A00019828

Beth Register Corporate Specialist Supervisor New Filings Section

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)		
ARTICLE I NAME The name of the corporation shall be:		
LMP medical Supplies, Inc.		
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:		
6221 nw 74th C+		
Parkland, FL33067		
ARTICLE III PURPOSE		
The purpose for which the corporation is organized is: Any or lawful activities or business permitted	Lua	der
the laws of the United States, Florida, or	ran	19
ARTICLE IV SHARES		
The number of shares of stock is:		
1000		
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)	8	TAL SEC
The name(s), address(es) and title(s):	02 APR 16	AEC)
130 IV Medu 1	70	ラゴー
Lisa Mi Piegari 6221 NW74th Ct Parkland, EL 33067	σ	当名所
President	PH 2: 14	720
	5	10F AT S
ARTICLE VI REGISTERED AGENT		台灣
The <u>name and Florida street address</u> of the registered agent is:		ستعمل
Lisa M Piegari		
6221 nw 74th Ct		
Parkland FL 33067		
ARTICLE VII INCORPORATOR		
The <u>name and address</u> of the Incorporator is:		
LISO MPIEGARI 6221 NW 74th PL		
POXKI and FC 33067 ************************************	ale ale ale ale ale a	de alle alle alle alle alle alle
Having been named as registered agent to accept service of process for the above stated corporation at the place		
certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity		
VIVA: W/X/110000 32462		
Signature/Registered Agent Date		
Assa M Peyari 4/12/0.	ર	
Signature/Incorporator/ Date		