

## Florida Department of State

Division of Corporations
Public Access System
Katherine Harris, Secretary of State

### **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H02000095186 1)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0381

Prom:

Account Name : FAS-T CORP. AGENTS, INC. Account Number : 071001002335

Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346 02 APR 22 AM 0: 37

## FLORIDA PROFIT CORPORATION OR P.A.

RANDY MEDICAL EQUIPMENT SERVICE INC.

Certificate of Status	Ö
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

TSMITH APR 23 2002

#### H02000095186 1

DIVISION OF CORPORATIONS
02 APR 22 AM 9: 37

#### ARTICLE OF INCORPORATION

QF

RANDY MEDICAL EQUIPMENT SERVICE INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be: RANDY MEDICAL EQUIPMENT SERVICE INC.

The principal place of business of this corporation shall be:

111 SW. 8 ST. Suite 204 Miami, Fl. 33130

#### ARTICLE II NATURE OF BUSINESS

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

#### ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:  $100 \times 10.00 = 1,000.00$ 

#### ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

### ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

JUAN CESAR PINEDA 104 SW. 9 ST. APT. 906 MIAMI,FL. 33130 DIRECTOR

#### ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the Incorporator(s) to these Article of Incorporation is (are):

JUAN CESAR PINEDA 104 SW. 9 ST. APT. 906 MIAMI,FL.33130 PRESIDENT, SECRETARY & TREASURER
100 shares

The undersigned has (have) executed these Article of Incorporation this 12 th. day of April ,569 2002.

Signature/Title

Signature/Title

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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.

1,	The name of the corporation is:	
	RANDY MEDICAL EQUIPMENT SERVICE INC.	
2.	The name and address of the registered agent and office	;
	is Juan Cesar Pineda	
	(Name)	
	104 SW. 9 ST. APT. 906	
	(P. O. BOX NOT ACCEPTABLE)	
	MLAMI, FLORIDA 33130	
	(CITY/STATE/ZIP)	S N
		另語
		NEGRETARIA 02 APR 22
HAV.	THE BEEN NAMED AS RECISTERED AGENT AND TO ACCEPT SERVICE	
OF :	PROCESS FOR THE ABOVE STATED CORPORATION AT THE FLACE DES	E S
AS I	REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FUR AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES	CO EN
REL	ATING TO THE PROPER AND COMPLETE PERFORMACE OF MY DUTIES	
AND	I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY	
POS	ITION AS MY POSITION AS REGISTERED AGENT.	
	SIGNATURE ( Jacks	. <b>.</b>
	DAME 04-12-2002	