

PO 2000044522

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

000005168500--6
-03/26/02--01023--004
*****78.75 *****78.75

SUBJECT: TOTAL CARE MEDICAL SERVICES, INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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: TOTAL CARE MEDICAL SERVICES, INC
Name (Printed or typed)

2100 W. 76 STREET # 407
Address

HIWLEAH, FL 33016
City, State & Zip

305-219-1444
Daytime Telephone number

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 MAR 26 AM 11:22

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

9236
WCD



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

April 3, 2002

TOTAL CARE MEDICAL SERVICES, INC.
2100 W. 76TH ST., #407
HIALEAH, FL 33016

SUBJECT: TOTAL CARE MEDICAL SERVICES, INC.
Ref. Number: W02000009236

We have received your document for TOTAL CARE MEDICAL SERVICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(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.

The document must state the number of shares of authorized stock.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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) 245-6995.

Wanda Cunningham
Document Specialist
New Filing Section

Letter Number: 702A00019501

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

TOTAL CARE MEDICAL EQUIPMENT, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2100 WEST 76 STREET # 407
HIALEAH, FL, 33016

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEDICAL EQUIPMENT, SUPPLIES,
RENTALS, SALES, AND SERVICE

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

MARLON MUNOZ (P)

2100 WEST 76 STREET # 407
HIALEAH, FL, 33016

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent is:

MARLON MUNOZ
12401 WEST OKEECHOBEE RD # 503
HIALEAH, FL, 33018

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

MARLON MUNOZ
2100 WEST 76 STREET # 407
HIALEAH, FL, 33016

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

Signature/Registered Agent

Date

04/24/02

Signature/Incorporator

Date

04/24/02

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