

TRANSMITTAL LETTER

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

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-06/26/02--01016--020
*****78.75 *****78.75

SUBJECT: MEDCO MEDICAL SUPPLIES INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: DAVID CHIROLE
Name (Printed or typed)

1150 NW 72 AVE SUITE 41
Address

MIAMI FL 33126
City, State & Zip

305-216-6505
Daytime Telephone number

02 JUN 26 PM 2:10
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

g6/26

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:

MEDCO MEDICAL SUPPLIES INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1150 NW 72 AVE MIAMI FL, 33126
SUITE 415

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SELL MEDICAL SUPPLIES

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

DAVID CHIOLE 1150 NW 72 AVE MIAMI FL, 33126
SUITE 415

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DAVID CHIOLE
1150 NW 72 AVE MIAMI FL, 33126
SUITE 415

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

David Chiole
Signature/Registered Agent

6/22/02
Date

David Chiole
Signature/Incorporator

6/22/02
Date

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TALLAHASSEE, FLORIDA