

B280007519

OFFICE USE ONLY (Document #)

EXPRESS CORPORATE FILING SERVICE INC.

(Requestor's Name)

1000 PONCE DE LEON BLVD. STE: 101

(Address)

CORAL GABLES, FL 33134 305-444-4994

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
02 JUL 11 PM 1:39

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

1. OSLY MEDICAL EQUIPMENT CORP.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in

☒ Pick up time

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

| 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               |

RECEIVED  
02 JUL 11 AM 11:52  
TAMM ASSOCIATES

600006331766--7  
-07/11/02--01033--014  
\*\*\*236.25 \*\*\*78.75

Examiner's Initials

7-11-02  
WCC

ARTICLES OF INCORPORATION  
OF

**OSLY MEDICAL EQUIPMENT CORP.**

WE, the undersigned, do hereby associate ourselves together and subscribe this Certificate of Incorporation for the purpose of forming a corporation under the laws of the State of Florida, and subject to the following provisions:

**ARTICLE I**

THE name of the Corporation shall be:

**OSLY MEDICAL EQUIPMENT CORP.**

**ARTICLE II**

THE CORPORATION may engage in any activity or business permitted under the laws of the United States of America and of the State of Florida.

**ARTICLE III**

THE MAXIMUM number of shares of stock which the Corporation shall have outstanding at any time, shall be **ONE HUNDRED ( 100 )** shares of stock which shall be common stock of a par value of **FIFTY DOLLARS ( \$ 50.00 )** per share. All or any part of the capital stock may be paid for either in lawful monies of the United States of America, or in services, at a true valuation thereof.

**ARTICLE IV**

THIS CORPORATION shall begin business with a minimum capital in the amount of **FIVE HUNDRED DOLLARS ( \$500.00 )**.

**ARTICLE V**

THIS CORPORATION shall have perpetual existence.

**ARTICLE VI**

THE PRINCIPAL office of the Corporation shall be located at:

**3455 EAST 4TH AVENUE, SUITE # 4  
HIALEAH, FL. 33013**

OTHER OFFICES for the transaction of business may be located wherever the Directors may deem necessary or expedient.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 JUL 11 PM 1:38

## **ARTICLE VII**

THE BUSINESS of the Corporation shall be managed by the Board of Directors, who need not be stockholders of the corporation. The number of the Directors, not less than one, shall be fixed by resolution of the stockholders at any regular or special meeting, subject to the manner of holding such meetings prescribed by the by-laws.

## **ARTICLE VIII**

THE names and mailing addresses of the members of the First Board of Directors and officers who shall hold office for the first year of existence of the corporation or until their successors are elected or appointed and have qualified, are as follows:

### BOARD OF DIRECTORS

**DUNIA O. RICARDO  
3455 EAST 4TH AVE. STE. # 4  
HIALEAH, FL. 33013**

### OFFICERS

**DUNIA O. RICARDO**

**President \ Secretary \ Director**

## **ARTICLE IX**

THE names and mailing addresses of each of the subscribers to this Certificate of Incorporation are as follows:

**DUNIA O. RICARDO  
3455 EAST 4TH AVE. STE. # 4  
HIALEAH, FL. 33013**

## **ARTICLE X**

THIS CORPORATION shall have full power to carry on and transact each or all of the business enumerated in Article II of this Certificate, and shall have all the general and additional powers now and hereafter conferred upon it by law.

## **ARTICLE XI**

THIS CORPORATION shall have the power to issue the whole or any part, as determined by the Board of Directors, of the shares of the capital stock as partly said, subject to calls thereon until the whole thereof shall have been paid.

## **ARTICLE XII**

UPON ELECTION of the Board of Directors by the stockholders, such Board of Directors shall manage the business affairs of this corporation without the necessity of further authority from the stockholders, except as by-laws of the Board of Directors. All holders of common stock of this corporation shall be entitled to vote the same in the manner provided by law, whether said stock shall be fully or partially paid, unless otherwise determined by the Board of Directors at or before the time of issuance thereof.

### ARTICLE XIII

THIS CORPORATION shall designate **DUNIA O RICARDO** with offices located at **3455 EAST 4TH AVE. STE. #4, HIALEAH, FL. 33013** as its duly authorized Registered Agent to be in charge of the Corporate Registered Office as required by State Law.

IN WITNESS WHEREOF, the undersigned incorporators have hereunto set their hands and affixed their seals on this 1st day of February, 2001

  
**DUNIA O. RICARDO**

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

---

In pursuance of Chapter 49.091, Florida Statutes, the following is submitted, in compliance with said Act:

FIRST, That **OSLY MEDICAL EQUIPMENT CORP.** to organize under the laws of the State of Florida with its principal office, as indicated in the Articles of Incorporation, in the City of **HIALEAH**, County of **MIAMI-DADE**, State of Florida has named:

**DUNIA O. RICARDO**  
**3455 EAST 4TH AVE. STE. # 4**  
**HIALEAH, FL. 33013**

as its Agent to accept service of process within this State.

ACKNOWLEDGEMENT:

Having been named to accept service of process for the above stated Corporation, at place designated in this Certificate, I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative keeping open said office.

*Dunia O. Ricardo*  
**DUNIA O. RICARDO**

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
02 JUL 11 PM 1:39