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LAZARUS CORPORATE FILING SERVI 3320 s.w. 87 Avenue	CE	FILED 02 JUL 24 PM SECRETARY OF STALLAHASSEE, FL
MIAMI, FLORUDA (305)552-5973	·	ILE 24 F RRY OF SSEE, I
<u>TERESÅ ROMAN (TALLAHASSEE REPRESENTA:</u>	IVE)	PN 12: 1
7%	OFFICE USE ONLY	DA I
CORPORATION NAME(S) & DOCUMENT	(UMBER(S) (if known):	
1. L&G MEDICAL S	UPPLIES INC.	
2. (Corporation Name)	(Document #)	
3. (Corporation Name)	(Document #) SODQ	
4. (Corporation Name)	(Document #)	
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Profit Amendme NonProfit Resignatio Change of	NUMENTS	02 Jul 24 M 11:00
Annual Report CUALIF	rtnership nent	

ARTICLES OF INCORPORATION

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

ARTICLE I - NAME

The name of the corporation shall be:

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SECRETARY OF STATE
TALL ALIASSEE, FLORIDA

L& 6 MEDICAL SUPPLIES INC

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

9240 SUNSET DRIVE MIAMI FL 33173 SUITE: 212

ARTICLE III -SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

:100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

LAZARO SANCHEZ

5531 SW 136 CT MIAMI FL 33175.

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

The undersigned incorporator has executed these Articles of Incorporation this 23 day of 300

ARTICLE VI- DIRECTOR(S)

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

LAZARO SANCHOZ 55315W 136 CZ MIAMI FL 33175-

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Régistered Agent Signature