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EXPRESS CORPORATE FILING SERVICE INC. (Requestor's Name)

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CORAL GABLES, FL 33134 305-444-4994 (City, State, Zip) (Phone #)

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

| (Corporation Name            | )   | ENT REN                    | 7         | - : -                                 |
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| (Corporation Name            |   | Document #)                |           | · · · · · · · · · · · · · · · · · · · |
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QUALIFICATION **Annual Report** Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark

Other

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Examiner's Initials

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# ARTICLES OF INCORPORATION FOR

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# CONTINENTAL MEDICAL EQUIPMENT RENTAL, INC02 JUL 25 PM 12: 42

SECRETARY OF STATE TALLAHASSEE FLORIDA

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be:

CONTINENTAL MEDICAL EQUIPMENT RENTAL, INC.

#### ARTICLE II PRINCIPAL OFFICE

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

15913 NW 49 AVE. #16 HIALEAH, FL 33014

## ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have shall be:

SHARES: 100

### ARTICLE IV REGISTERED AGENT

The name and Florida street address of the initial registered agent shall be:

RAMON PINO 15913 NW 49 AVE. #16 HIALEAH, FL 33014

ARTICLE V INCORPORATOR

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

RAMON E. PINO RAMON PINO 15913 NW 49 AVE. #16 HIALEAH, FL 33014

02 JUL 25 PH I2: 42

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Signature of Incorporator

Date

## ARTICLE VI DIRECTOR(S)/OFFICER(S)

The name(s) and address(es) of the Director(s)/Officer(s) shall be:

RAMON E. PINO (P) RAMON PINO (VP) 15913 NW 49 AVE. #16 HIALEAH, FL 33014

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in the articles, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature

Date