

# P02000086151

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To:  
Division of Corporations  
Fax Number : (850) 205-0381

From:  
Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT CORPORATION OR P.A.**  
**SUNFLOWER MEDICAL EQUIPMENT, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

08-09-02

**ARTICLES OF INCORPORATION  
OF  
SUNFLOWER MEDICAL EQUIPMENT, INC.**

The undersigned incorporator (s), for the purpose of forming a corporation under the Florida General Corporation Act. Hereby adopt(s) the following Articles of Incorporation:

**ARTICLE I NAME**

The name of the corporation shall be:

**SUNFLOWER MEDICAL EQUIPMENT, INC.**

The principal place of business of this corporation shall be:

5951 NW 151 ST, Suite #203-A  
Miami Lakes, FL 33014

**ARTICLE II NATURE OF BUSINESS**

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

**ARTICLE III CAPITAL STOCK**

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

100 shares Common Stock / \$1.00 par value

**ARTICLE IV TERM OF EXISTENCE**

This corporation is to exist perpetually.

**ARTICLE V OFFICERS AND DIRECTORS**

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is (are):

DOMINGO CLARO    5951 NW 151 St. Suite #203-A, MIAMI LAKES, FL 330 4

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**ARTICLE VI INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is (are):

**DOMINGO CLARO  
5951 NW 151 ST. SUITE #203-A  
MIAMI LAKES, FL. 33014**

**IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this, 8<sup>th</sup>. day of August of the year 2002.**

Signature(s) of Incorporator(s)

  
\_\_\_\_\_  
**DOMINGO CLARO**

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/ REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1.- The name of the corporation:

SUNFLOWER MEDICAL EQUIPMENT, INC.  
5951 NW 151 ST. SUITE #203-A  
MIAMI LAKES, FL. 33014

2.-The name and address of the registered agent and office is:

DOMINGO CLARO  
5951 NW 151 ST. SUITE #102  
MIAMI LAKES, FL. 33014

Signature D. Claro  
Title PRESIDENT  
Date 8/8/02

Having been named to accept service of process for the above stated corporation, at the place designated in this certificate. I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of section 607.325, Florida Statutes.

Signature D. Claro  
Date 8/8/02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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