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OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

100007165391--8

-08/16/02--01040--019

*****78.75 *****78.75

OFFICE USE ONLY

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

1. METROPOLITAN MEDICAL EQUIPMENT &
(Corporation Name) (Document #)

2. SUPPLIES CORP
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☒ 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 AUG 16 AM 10:52
DIVISION OF CORPORATION

FILED
02 AUG 20 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W-23838

Bm 8/16
Examiner's Initials

4



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

August 16, 2002

LAZARUS

SUBJECT: METROPOLITAN MEDICAL EQUIPMENT & SUPPLIES CORP
Ref. Number: W02000023838

We have received your document for METROPOLITAN MEDICAL EQUIPMENT & SUPPLIES CORP and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

LIST THE DIRECTORS NAME IN ARTICLE VI.,

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Becky McKnight
Document Specialist
New Filing Section

Letter Number: 402A00048606

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:

METROPOLITAN MEDICAL EQUIPMENT & SUPPLIES CORP

ARTICLE II - PRINCIPAL OFFICE

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

2301 NW 7 ST STE I MIAMI FLORIDA 33125

ARTICLE III - SHARES

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

100 shares

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JOSE ALFREDO ALVAREZ
730 NW 31 AVE MIAMI FLORIDA 33125

FILED
02 AUG 20 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V - INCORPORATOR

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

JOSE ALFREDO ALVAREZ

730 NW 31 AVE MIAMI FLORIDA 33125

The undersigned incorporator has executed these Articles of Incorporation this 15 *day of* AUGUST 2002


Signature

ARTICLE VI- DIRECTOR(S)

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

JOSE ALFREDO ALVAREZ (PRESIDENT)

730 NW 31 AVE MIAMI FLORIDA 33125

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.


Registered Agent Signature

02 AUG 20 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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