

# PO2000098446

## TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

600007597816--7  
-09/09/02--01056--012  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: L & L MEDICAL SUPPLY, CORP  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

EFFECTIVE DATE  
09-01-02

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: LEONARDO Pita  
Name (Printed or typed)

1132 W 29th St

Address

Hialeah, FL 33012

City, State & Zip

(305) 884-7077

Daytime Telephone number

FILED  
02 SEP -9 AM 9:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

IBM 9/12

ARTICLES OF INCORPORATION  
OF

L & L MEDICAL SUPPLY, CORP.

*The undersigned, for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopts the following Articles of Incorporation:*

ARTICLE I

NAME

*The name of the corporation is : L & L MEDICAL SUPPLY, CORP.*

DURATION

*The duration of the corporation is perpetual.*

EFFECTIVE DATE

09-01-02

ARTICLE III

PURPOSES

*The general purposes for which the corporation is organized are:*

- 1. To transact any and all lawful business for which corporations may be incorporated under the Florida General Corporation Act, and*
- 2. To do such other things as are incidental to the foregoing or necessary or desirable in order to accomplish the foregoing.*

ARTICLE IV

AUTHORIZED SHARES

*The aggregate number of shares which the corporation is authorized to issue is ONE HUNDRED SHARES (100) such shares shall be of a single class, and shall have a par value of one dollar USA. (\$1.00) per share.*

ARTICLES V.

CORPORATE OFFICE AND REGISTERED AGENT

*The street address of the initial corporate office and mailing address is: 4315 NW 7TH ST #35, MIAMI, FL 33126. and the address of the agent is: 4315 NW 7TH ST #35, MIAMI, FLORIDA 33126 and the agent for the Corp. is Mr. LEONARDO PITA*

ARTICLE VI.

DIRECTORS

*The number of director(s) constituting the initial board of director(s) of the corporation is ONE and the name and address of the person(s) to serve as the member(s) of the initial board of director(S) is/ are:*

*LEONARDO PITA  
4315 NW 7TH ST #35  
MIAMI, FL 33126*

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**ARTICLE VII**  
**INCORPORATORS**

*The Name of the incorporator(s), signing these Articles are:*

**LEONARDO PITA**  
4315 NW 7TH ST #35  
MIAMI, FL 33126

**ARTICLE VIII**  
**EFFECTIVE DATE**

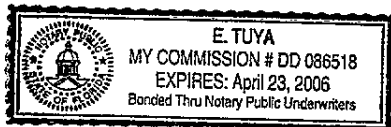
The effective date will be on **SEPTEMBER 01, 2002**

**STATE OF FLORIDA**  
**(COUNTY OF MIAMI DADE) ss:**

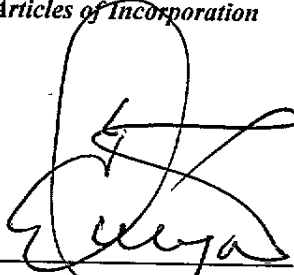
*BEFORE ME, personally appeared Leonardo Pita for the above Articles of Incorporations and He freely and voluntarily acknowledged before me according to law that He made and subscribed the same for the uses and purposes therein mentioned and set forth.*

*IN WITNESS WHEREOF, The undersigned subscriber(s) has (have) executed these Articles of Incorporation this 01st day of September 2002.*

  
\_\_\_\_\_  
Leonardo Pita

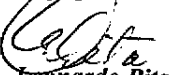


NOTARY

  
\_\_\_\_\_  
SEAL)

**ACKNOWLEDGEMENT OF APPOINTMENT**  
**BE REGISTERED AGENT**

*HAVING BEEN NAMED: Leonardo Pita accept service of process for the above stated corporation, at the place designated in this certificate. I hereby accept to act in such capacity and agree to comply with the provisions of Florida Statute, Section 48-901, relative to keeping open said office.*

  
\_\_\_\_\_  
Leonardo Pita  
Registered Agent

**FILED**  
02 SEP -9 AM 9:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA