# Pod OOOO 65 Florida Department of State Division of Corporations

Division of Corporations
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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 FILED

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SECRETARY OF STATE
AND AHASSEE, FLORID

## FLORIDA PROFIT CORPORATION OR P.A.

S.A. MEDICAL SUPPLY CORP.

Certificate of Status	0
Certified Copy	1
Page Count	03
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

#### ARTICLE OF INCORPORATION

<u>of</u>

S.A. MEDICAL SUPPLY CORP.

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: S.A. MEDICAL SUPPLY CORP.

The principal place of business of this corporation shall be:
7001 W. 35 AVE. UNIT 301
HTALEAH, FL. 33018

#### 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 State, 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 par value that this corporation is authorized to have outstanding at any one time is:

 $100 \times $10.00 - $1,000.00$ 

#### ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

## ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(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):

SERGIO ACOSTA 7001 W. 35 Ave. Umit 301 Higlesh, Fl. 33018 DIRECTOR

### ARTICLE VI INCORPORATOR(S)

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

SERGIO ACOSTA PRESIDENT, SECRETARY & TREASURER 7001 w. 35 AVE. Unit 301 100 shares Himlesh, F1. 33018

The undersigned has(have) tion this 18 th. day of	executed   September_	these .	Article   200 <u>2        </u> .	of 1	Incorpora
	/	Society	S Lan	S	مدر
		51	gnature/	Tit	łe .
	<u> </u>	Si	gnature,	/Tít	le
*•					

Signature/Title

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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.

The name of the corporation is: S.A. MEDICAL SUPPLY CORP.	O2 SEP SECRE TALLAH
The name of the corporation is:  S.A. MEDICAL SUPPLY CORP.  The name and address of the registered sergio ACOSTA  (Name)	19 PM 4: 15 ASSER FLORIDA  ASSER FLO
7001 W. 35 AVE. Unit 301 (P. O. BOX NOT ACCEPTAB	LE)
HIALEAH , FLORIDA 33018 (CITY/STATE/ZIP)	

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESI AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FUR THER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMACE OF MY DUTIES AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS MY POSITION AS REGISTERED AGENT.

DATE 09-18-02

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