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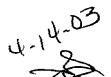
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SECRETARY OF STATE

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LAZARUS CORPORATE FILIN	G SERVICE			
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CORPORATION NAME(s) & DO	CUMENT NUMB	ER(S) (if known)*		
n n'n Hout	CHACIA		P	
1. H. H. M. M. Corporation Name)	DUNGIC	(Document #)	<u>/</u>	
2. (Corporation Name)		(Document #)	·	
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NEW FILINGS	AMENDME	NTS		
Profit	Amendment			
NonProfit * 14	Resignation of R.	A., Officer/Director		
. Limited Liability	Change of Registe	red Agent		•
Domestication	Domestication Dissolution/Withd			
Other	Merger			
				•
OTHER FILINGS	REGISTRATION QUALIFICATION			
Annual Report	Foreign			
Fictitious Name -	Limited Partnershi	ip		
Name Reservation -	Reinstatement			
S. L	Trademark			
	Other		Examiner's Initials	
		. "	1	}

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; A.A.A. HOME SURGICAL CORP

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be;
A.A.A. HOME SURGICAL CORP 5700 N.W. 111 terr
HIALEAH FL 33012

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is; 100 shares value of \$1.00

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS.

The name and address of the initial registered agent is;

CARLOS A MILLAN 5700 N.W. 111 Terr HIALEAH FL 33012



ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) if the incorporator(s) to these Article of incorporation is (are);

CARLOS A MILLAN

5700 N.W. 111 terr HIALEAH FL 33012

ARTICLE VI DIRECTOR(S)

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

CARLOS A MILLAN

5700 N.W. 111 terr HIALEAH FL 33012

The undersigned incorporator(s) has(h	nave) execu	ted these Articles of
incorporation this 1 8 day of	april	, 20_02
Ouin		CARLOS A MILLAN 5700 N.W 111 Terr HIALEAH FL 33012
SIGNATURE		
PRESIDENT, VICEPRESIDENT		
TREASURER SECRETARY		
	·	
SIGNATURE		

FILED 03 APR 11 PH 12: 00 SECRETARY OF STATE TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATON REGISTERED AGENT /

REGISTERED OFFICE.

Pursuan to the provision of sections 607.0501, 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,

1 The name of the corporation is;
A.A.A. HOME SURGICAL CORP
2 The name and address of the registered agent and office is
CARLOS A MILLAN
NAME
5700 N.W. 111 terr
P.O. BOX NOT ACCEPTABLE
HIALEAH FL 33012
CITY/STATE/ZIP

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATON AT THE 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 RELATING TI THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE ABLIGATIONS OF MY POSITION AS REG

SIGNATURE	8 day of april	,20 <u>02</u>