# P0300051856

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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#### TRANSMITTAL LETTER

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

SUBJECT:	GELARI DELIN	JERY SERV	ICES, CO.
	(PROPOSED CORPORAT	TE NAME – <u>MUST INCLU</u>	IDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:		BR 1 20 (Printed or typed)	
	20160 W. OAK	HONT CIRC	LE
	MIAMI, FL 3	330 15 State & Zip	
	(305) 842	-4055 (beek	er) ((305)829-1413

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

FILED

#### ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

03 MAY 12 AM 10: 09

SECRETARY OF STATE TALLAHASSEE, FLORIDA

#### ARTICLE I NAME

The name of the corporation shall be:

GELARI DELIVERY SERVICES, CO.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

20160 W. DAKMONT CIRCLE, MIAMI, FL 33015

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SUPPLIES TO DELIVER MEDICAL EQUIPMENT AND

#### ARTICLE IV SHARES

The number of shares of stock is:

100

### ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

JOSE H. BRIZO (PRESIDENT)

#### ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

MONICA R. BRIZO

20160 W. O AKHONT CIRCLE

## MIAMI, FL 33015 ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JOSE H. BRIZO 20160 W. OAKMENT CIRCLE

Miami, PC 33015

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity