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To: Division of Corporations
Fax Number : (850)203-0381

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

MAPLE RIDGE MEDICAL SUPPLIES, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION
OF
MAPLE RIDGE MEDICAL SUPPLIES, INC.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I: NAME

The name of the corporation shall be **MAPLE RIDGE MEDICAL SUPPLIES, INC.**

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be 16500 Collins Avenue, Ste 553, Sunny Isles Beach, FL 33160.

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is five hundred (500) shares having a par value of one dollar (\$1.00) per share.

ARTICLE IV: PURPOSE OF CORPORATION

This Corporation may engage or transact in any or all lawful activities or business permitted under Laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE V: INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is Pavel Pavlenko, 16500 Collins Avenue, Ste 553, Sunny Isles Beach, FL 33160.


ARTICLE VI: BOARD OF DIRECTORS AND OFFICERS

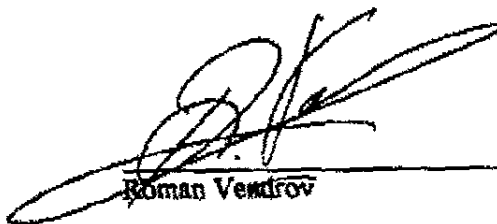
The name and address of the Board of Directors to these Articles of Incorporation are:

(P/T)
Pavel Pavlenko
16500 Collins Avenue, Ste 553
Sunny Isles Beach, FL 33160

(VP, S)
Roman Vendrov
16500 Collins Avenue, Ste 553
Sunny Isles Beach, FL 33160

The undersigned officers have executed these Articles of Incorporation this 6th day of June, 2003.


Pavel Pavlenko


Roman Vendrov

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENTS IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the Corporation is **MAPLE RIDGE MEDICAL SUPPLIES, INC.**
2. The name and address of the registered agent and office is:

**Pavel Pavlenko
16500 Collins Avenue, Ste 553
Sunny Isles Beach, FL 33160**

Having been named as registered agent and to accept service of process for the above stated corporation 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 to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


Pavel Pavlenko

6/6/03
June 6, 2003