

P03000076244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600020877516

07/11/03--01006--006 **78.75

RECEIVED
03 JUL 11 AM 8:36
SECRETARY OF STATE
DIVISION OF CORP ORATION
FILED
2003 JUL 11 PM 3:16
ALLAHASSEE, FLORIDA

07-11-03

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. NAVARRO MEDICAL EQUIPMENT, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00 ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLE OF INCORPORATION

OF

NAVARRO MEDICAL EQUIPMENT, INC

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:

NAVARRO MEDICAL EQUIPMENT, INC

The principal place of business of this corporation shall be:

1441 NORTH EAST 4TH AVENUE
FORT LAUDERDALE, FLORIDA 33304

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 States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregated number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is:

SHARES #	PAR VALUE	STOCK DESCRIPTION
100	\$1.00	Common Stock

ARTICLE IV TERM OF EXISTENCE

This corporation shall have perpetual existence.

WILLIAM J. STRANGE
1325 S.W. 87TH AVENUE, MIAMI, FL 33174
PHONE (305)267-2767
FAX (305)267-2775

FILED
2003 JUL 11 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V OFFICERS DIRECTORS

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

BOARD OF DIRECTORS:

OFFICER'S TITLE	NAME	ADDRESS
President:	MARIA R. NAVARRO	2860 NW 198TH STREET OPA LOCKA, FL 33056
Secretary	MARIA R. NAVARRO	2860 NW 198TH STREET OPA LOCKA, FL 33056
Treasury:	MARIA R. NAVARRO	2860 NW 198TH STREET OPA LOCKA, FL 33056

**WILLIAM J. STRANGE
1325 S.W. 87TH AVENUE, MIAMI, FL 33174
PHONE (305)267-2767
FAX (305)267-2775**

ARTICLE VI

The name and post office addresses of each of the subscribers to this certificate of incorporation and the number of shares of stocks which each subscriber agrees to take, are as follows:

NAME	ADDRESS	NO. OF SHARES
MARIA R. NAVARRO	2860 NW 198 TH STREET OPA LOCKA, FL 33056	100

SUBSCRIBER: MARIA R. NAVARRO

A handwritten signature in cursive script, appearing to read "Maria R. Navarro", is written over a horizontal line.

WILLIAM J. STRANGE
1325 S.W. 87TH AVENUE, MIAMI, FL 33174
PHONE (305)267-2767
FAX (305)267-2775

ARTICLE VII INCORPORATOR(S)

The name(s) and the street address(es) of the Incorporator(s) to this articles of incorporation is (are):

NAME

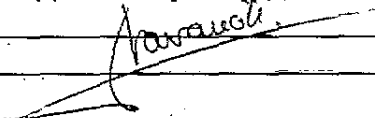
MARIA R. NAVARRO

ADDRESS

**2860 NW 198TH STREET
OPA LOCKA, FL 33056**

IN WITNESS WHEREOF, the undersigned Incorporator(s) has (have)
executed these Articles of Incorporation this 8
day of July, 2003.

Signature(s) of Incorporator(s)



**WILLIAM J. STRANGE
1325 S.W. 87TH AVENUE, MIAMI, FL 33174
PHONE (305)267-2767
FAX (305)267-2775**

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325 , Florida Statutes, the undersigned corporation, organized under the law 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:

NAVARRO MEDICAL EQUIPMENT, INC

2. The name and address of the registered agent and office is:

NAME
MARIA R. NAVARRO

ADDRESS
2860 NW 198TH STREET
OPA LOCKA, FL 33056

SIGNATURE _____

TITLE _____

DATE _____

Navarro

PRESIDENT

07/08/03

FILED
2003 JUL 11 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE _____

DATE _____

Navarro

07/08/03

WILLIAM J. STRANGE
1325 S.W. 87TH AVENUE, MIAMI, FL 33174
PHONE (305)267-2767
FAX (305)267-2775