

PO3000085954

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

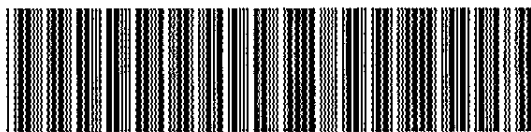
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700021907377

08/06/03--01022--008 **551.25

RECEIVED
03 AUG -6 AM 10:09
FLORIDA SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
03 AUG -6 PM 12:37
FLORIDA SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EXPRESS CORPORATE FILING SERVICE INC.
Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101
Address

CORAL GABLES, FL 33134 (305) 444-4994
City/State/Zip Phone #

OFFICE USE ONLY

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

1. BROTHERS MEDICAL SUPPLIES INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☒ Pick up time _____ ☒ 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

ARTICLES OF INCORPORATION
FOR
BROTHERS 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:

BROTHERS MEDICAL SUPPLIES INC.

ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:

1170 W. 25TH ST.
APT: 4
HIALEAH, FL 33010

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE III SHARES
The number of shares of stock that this corporation is authorized to have shall be:

100

ARTICLE IV REGISTERED AGENT
The name and Florida street address of the initial registered agent shall be:


LUIS R. URRRA
1170 W. 25TH ST.
APT: 4
HIALEAH, FL 33010

FILED
03 AUG -6 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V INCORPORATOR

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

LUIS R. URRRA
JULIO A ALFONSO
1170 W. 25TH ST.
APT: 4
HIALEAH, FL 33010

X 

Signature of Incorporator

8/05/2003

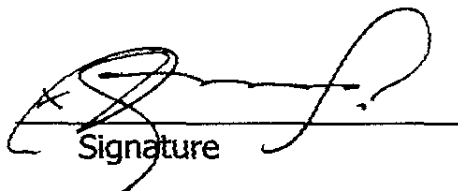
Date

ARTICLE VI DIRECTOR(S)/OFFICER(S)

The name(s) and address(es) of the Director(s)/Officer(s) shall be:

LUIS R. URRRA (P)
JULIO A. ALFONSO (V)
1170 W. 25TH ST.
APT: 4
HIALEAH, FL 33010

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in the articles, 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.

X 

Signature

8/06/2003

Date

FILED
03 AUG -6 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA