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LAZARUS CORPORATE FILI	NG SERVICE		
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CORPORATION_NAME(s) & DO	OCUMENT NUMI	BER(S) (if known):	
1. J. C. MEDICA (Corporation Name)	1. SUPPLI	(Document #) SERVICES I	NC
Corporation Name)		(Document #)	
3. (Corporation Name) 4.	·	(Document #)	
(Corporation Name)		(Document #)	
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Profit	Amendment	The state of the s	
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Domestication	Dissolution/Withdrawal		
Other	Merger		· .
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OTHER FILINGS	REGISTRATIO QUALIFICATIO		
Annual Report	Foreign		
Fictitious Name	Limited Partners	hip	
Name Reservation	Reinstatement		
	Trademark		

Other

Examiner's Initials

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# ARTICLE OF INCORPORATION OF

# J.C. MEDICAL SUPPLIES AND SERVICES INC

We, the undersigned, all of whom are of legal age, do hereby associate ourselves for the propose of becoming a corporation under the laws of the State of Florida authorizing the formation of corporation

ARTICLE I

NAME

The name of this Corporation shall be:

J.C. MEDICAL SUPPLIES AND SERVICES THE

ARTICLE II

GENERAL NATURE OF BUSINESS

This corporation is organized for the purpose of engaging in and transacting any and all lawful business

#### ARTICLE III

The capital stock of this corporation shall be 100 shares @ \$5.00 each, common stock

# ARTICLE IV CAPITAL TO BEGIN BUSINESS

The amount of capital with which this corporation shall not be less than \$500.00

#### ARTICLE V

#### CORPORATION EXISTENCE

This corporation shall exist perpetually unless sooner dissolved according to the law

#### ARTICLE VI

# PRINCIPAL PLACE OF BUSINESS

The principal place of business of said corporation shall be at: 14901 SW 4th Street Pembroke Pines with the privilege of having branch officer at other places or without the State of Florida

#### ARTICLE VII

#### NUMBER OF DIRECTORS

The number of Directors of the Corporation shall be more than two

#### ARTICLE VIII

#### **DIRECTORS**

The name and post office addresses of the first Board of Directors of this corporation who shall hold office the first year or until their successors are chosen, shall be:

President

Juan Carlos Olive

Vice President Nilda Olive

ARTICLE IX

**SUBSCRIBERS** 

Name

Address

Juan Carlos Olive

14901 SW 4TH STREET

PEMBROKE PINES FLORIDA 33027

#### ARTICLE X

This corporation reserves the right to amend, alter, change or repeal any provision contained in these Article of Incorporation, in the manner now or hereafter prescribed by statute or set out in. the corporation By-Laws, so long as sane does not conflict with the Florida Statutes.

The directors of this corporation shall have the power to make or amend the By-Laws and to fixed any amount to be reserved for working capital

#### ARTICLE XI

The officers of the corporation shall be controlled by the Board of Directors, and each resolution shall require to approval by majority vote of all directors before its adoption as a corporate act.

#### ARTICLE XII

The register agent of the Corporation shall be:
Juan Carlos Olive
The register office of the Corporation shall be:
14901 SW 4TH STREET
PEMBROKE PINES FLORIDA 33027

#### ARTICLE XIII

The name and street address of the incorporator to these Article of Corporation is:

Juan Carlos Olive
14901 SW 4th Street Pembroke Pines Florida 33027

The undersingned incorporator has executed these Article of Corporation this 9 day of September, 2003.

### 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 statement in designating the registered office/registered agent, in the State of Florida

1- The name of the corporation is:

J.C. Medical Supplies AND SERVE, TVZ

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

Juan Carlos Olive 14901 SW 4TH STREET PEMBROKE PINES FLORIDA 33027

Having been named as registered agent and 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 of registered agent

signature

date

03 SEP // PM/D.