

PO3000101950

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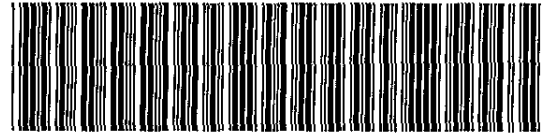
(Business Entity Name)

(Document Number)

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09/15/03--01041-223 **78.75

FILED
RECEIVED
03 SEP 17 PM 12:32
03 SEP 15 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATION

03.26282
15/17/03

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

OFFICE USE ONLY

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

1. DBL MEDICAL EQUIPMENT CORP
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2.00

☒ Certified Copy

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☐ 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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

September 15, 2003

LAZARUS

SUBJECT: D & L MEDICAL EQUIPMENT CORP
Ref. Number: W03000026282

We have received your document for D & L MEDICAL EQUIPMENT CORP and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6927.

Tracy Smith
Document Specialist
New Filings Section

Letter Number: 203A00051081

RECEIVED
SEP 16 PM 3:50
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act. Hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be;

L & D MEDICAL EQUIPMENT CORP

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be;

6447 Miami Lakes Drive East Suite L
MIAMI LAKES FL 33014

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is; 500 shares value of \$1.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS.

The name and address of the initial registered agent is;

DIANET VALLE 735 E 32 St.
HIALEAH FL 33013



ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) if the incorporator(s) to these Article of incorporation is (are);

DIANET VALLE 735 E 32 St.
Hialeah FL 33013

ARTICLE VI DIRECTOR(S)

The name(s) and the street address(es) of the director(s) to these Articles of incorporation is (are);

DIANET VALLE 735 E 32 St.
HIALEAH FL 33013

The undersigned incorporator(s) has(have) executed these Articles of incorporation this 11 day of september, 20 03



DIANET VALLE 735 E 32 St.
HIALEAH FL 33013

SIGNATURE

PRESIDENT VICEPRESIDENT
TREASURER SECRETARY

SIGNATURE

SIGNATURE

CERTIFICATE OF DESIGNATION REGISTERED AGENT /

REGISTERED OFFICE.

Pursuant to the provision of sections 607.0501, 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; _____

L & D MEDICAL EQUIPMENT CORP

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

DIANET VALLE

NAME

735 E 32 St.

P.O. BOX NOT ACCEPTABLE

HIALEAH FL 33013

CITY/STATE/ZIP

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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 REG


SIGNATURE

11 day of september, 2003