

PO3000163178

(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



600022915366

09/23/03--01033--007 **78.75

RECEIVED
03 SEP 23 PM 11:18
CLERK OF COURT

FILED
03 SEP 23 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/23/03

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. DOLPHINS 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	
☒	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☐	Amendment
☐	Resignation of R.A., Officer/Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/ QUALIFICATION	
☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

Examiner's Initials

ARTICLES OF INCORPORATION

IN ACCORDANCE WITH chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

DOLPHINS MEDICAL EQUIPMENT INC.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS / MAILING ADDRESS IS:

3525 S. W. 112 PLACE

MIAMI, FLORIDA 33165

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGNIZED IS:

**THIS CORPORATION MAY ENGAGE IN ANY AND LAWFUL
BUSINESS IN THE SALE OF MEDICAL EQUIPMENT INDUSTRY
PERMITTED UNDER THE LAWS OF THE USA, THE STATE OF
FL. OR ANY OTHER STATE, COUNTRY, TERRITORY OR
NATION.**

ARTICLE IV SHARES

THE NUMBERS OF SHARES OF STOCKS IS:

100 – SHARES \$ 10.00 PAR VALUE

ARTICLE V INITIAL OFFICERS / DIRECTORS

THE NAME (S) AND ADDRESS (ES):

FERNANDO BORJA (PRESIDENT)

3525 S.W. 112 PLACE

MIAMI, FLORIDA 33165

FILED
03 SEP 23 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida Street address of the registered agent is:

BOB. BENITEZ
3529 S.W. 112 PLACE
MIAMI.FLORIDA 33165

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

FERNANDO BORJA
3525 S.W 112 PLACE
MIAMI,FLORIDA 33165

03 SEP 23 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

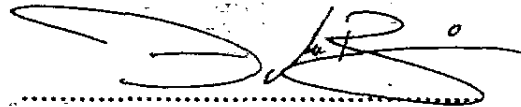
.....
Having been named as registered agent to accept services of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

.....9/21/03.....

Date



Signature/Incorporator

.....9/21/03.....

Date