P03000106727

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

9-29-03

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: E 'N' M MEDICAL Supply, Inc
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ $70.00 Filing Fee	☐ $78.75 Filing Fee & Certificate of Status	☐ $78.75 Filing Fee & Certified Copy	☐ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Edward Nnadi
Name (Printed or typed)

18658 NW 77 Pl
Address

Miami FL 33015
City, State & Zip

305-829-7215 (786)-512-9756
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: E'N'M MEDICAL supply, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 18658 NW 77 PL
Miami FL 33015

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To do medical supply business.

ARTICLE IV SHARES

The number of shares of stock is: 500

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
Edward O. Nnadi. president.

Blessing O. Nnadi secatary.

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** of the registered agent is:

Edward Nnadi
18658 NW 77 PL
Miami FL 33015

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is: E'N'M MEDICAL supply, Inc
18658 NW 77 PL
Miami FL 33015

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Having been named as registered agent to accept service 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 — Date: 9/18/03

Signature/Incorporator — Date: 9/18/03