

P03000122447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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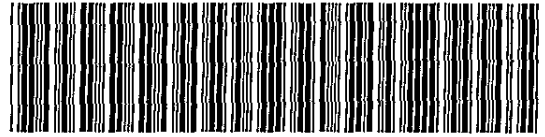
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: \_\_\_\_\_

*Ali-Med, Corp.*

(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: \_\_\_\_\_

*Aling Hernandez*

Name (Printed or typed)

*717 Ponce de Leon #236*

Address

*Coral Gables Fl. 33134*

City, State & Zip

*(305) 342-1606*

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

September 29, 2003

ALINA HERNANDEZ   \*\*SM\*\*  
717 PONCE DE LEON #236  
CORAL GABLES, FL 33134

SUBJECT: ALI-MEDS MEDICAL SUPPLY, CORP.  
Ref. Number: W03000026582

We have received your document for ALI-MEDS MEDICAL SUPPLY, 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) 245-6965.

Dorine Martin  
Document Specialist  
New Filings Section

Letter Number: 203A00051545

# 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:  
ENDLESS MEDICAL SERVICES CORP.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:  
717 PONCE DE LEON #236  
CORAL GABLES FL 33134

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:  
MEDICAL EQUIPMENT

## ARTICLE IV SHARES

The number of shares of stock is:  
100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):  
ALINA HERNANDEZ  
9125 SW 166 AVE  
MIAMI FL 33196

## ARTICLE VI REGISTERED AGENT


The name and Florida street address of the registered agent is:  
ALINA HERNANDEZ  
9125 SW 166 AVE  
MIAMI FL 33196

## ARTICLE VII INCORPORATOR

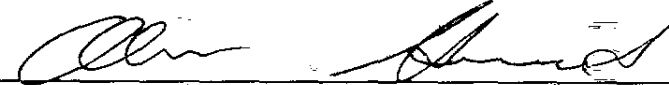
The name and address of the Incorporator is:  
ALINA HERNANDEZ  
9125 SW 166 AVE  
MIAMI FL 33196

\*\*\*\*\*

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

10/23/03  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

10/23/03  
\_\_\_\_\_  
Date

FILED

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA