

P04000014795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

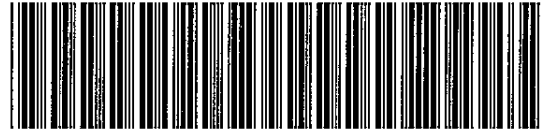
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

1/26/11



400025714004

01/13/04--01053--025 \*\*866.25

DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

04 JAN 13 AM 10:58

RECEIVED

04 JAN 21 AM 10:11

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

~~1004 2626~~

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134

City/State/Zip

(305) 444-4994

Phone #

OFFICE USE ONLY

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

1. A & A Medical Equipment Inc.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in

☒ Pick up time \_\_\_\_\_

☒ Certified Copy

☐ Mail out

☐ 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

January 15, 2004

EXPRESS CORPORATE FILING

SUBJECT: A & A MEDICAL EQUIPMENT INC.  
Ref. Number: W04000002026

RECEIVED  
04 JAN 21 AM 11:33  
STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

We have received your document for A & A MEDICAL EQUIPMENT INC.. However, the document has not been filed and is being returned for the following:

Please complete Article(s) V, VI and VII.

The document number of the name conflict is P02000012902.

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) 245-6934.

Loria Poole  
Document Specialist  
New Filings Section

Letter Number: 804A00002837

**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:

*A & I Medical Equipment INC.***ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

*2550 NW 72 ave #117.**Apt 33122.***ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*Any & All Lawful Business***ARTICLE IV SHARES**

The number of shares of stock is:

*100. shares***ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

- (P) *Arlyn Travieso* 2550 NW 72 Ave #117-Miami, Fl 33122
- (VP) *Iliana Hernandez* 2550 NW 72 Ave #117-Miami, Fl 33122

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is

*Arlyn Travieso*  
*2550 NW 72 Ave #117-Miami, Fl 33122***ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*Arlyn Travieso* 2550 NW 72 Ave #117-Miami, Fl 33122  
*Iliana Hernandez* 2550 NW 72 Ave #117-Miami, Fl 33122

\*\*\*\*\*

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

Signature/Incorporator

Date

Date

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
04 JAN 21 AM 10:11

*2010 12-04**2010 12/04.*