P04000024006

(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:

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TALLAHASSEE, FLORIDA

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2-6

Express Corporate Filing Service,
Requestor's Name

1000 Ponce de Leon Blvd
Address

Coral Gables, FL 33134
City/State/Zip Phone #

Office Use Only

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

1. Dolphin Supplies Medical, 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
X	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

CR2E031(1/95)

Examiner's Initials	

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:

DOLPHIN SUPPLIES MEDICAL INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1101 SW 8 STREET
STE: 204
MIAMI, FL 33130

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

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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):

MARIA A. QUIRCH
1101 SW 8 STREET
STE: 204
MIAMI, FL 33130

ARTICLE VI REGISTERED AGENT

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

MARIA A. QUIRCH
1101 SW 8 STREET
STE: 204
MIAMI, FL 33130

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

MARIA A. QUIRCH
1101 SW 8 STREET
STE: 204
MIAMI, FL 33130

****

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

Maria Quirch — 02-02-2004

Signature/Registered Agent — Date

Maria Quirch — 02-02-2004

Signature/Incorporator — Date