

P04000024006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

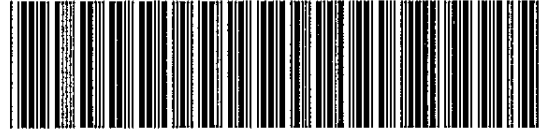
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500027479425

02/03/04--01003--017 **236.25

FILED

04 FEB -3 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

04 FEB -3 AM 10:55

FILED
TALLAHASSEE, FLORIDA

42-6

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	
☒	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

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/mailling 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

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:

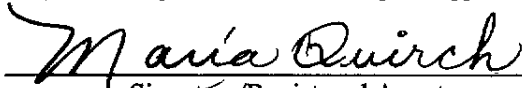
MARIA A. QUIRCH
1101 SW 8 STREET
STE: 204
MIAMI, FL 33130

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



Signature/Registered Agent

02-02-2004

Date



Signature/Incorporator

02-02-2004

Date

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TALLAHASSEE, FLORIDA