

P04000024548

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

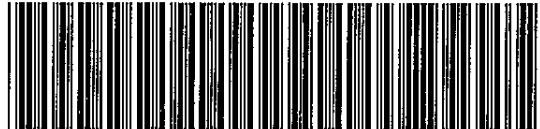
(Document Number)

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

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2004 FEB -5 P 4: 14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

04 FEB -5 AM 10: 47

DEPT. of STATE  
DIVISION of CORPORATIONS  
TALLAHASSEE, FLORIDA

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

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

1. L & 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

# 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:

L & A MEDICAL EQUIPMENT INC

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TALLAHASSEE, FLORIDA

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

4471 NW 36TH STREET  
SUITE: 220  
MIAMI, FL 33166

## **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):

LISBETH C. MARRUGO (P/D)  
4471 NW 36TH STREET  
SUITE: 220  
MIAMI, FL 33166

## **ARTICLE VI REGISTERED AGENT**

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

LISBETH C. MARRUGO  
4471 NW 36TH STREET  
SUITE: 220  
MIAMI, FL 33166

## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

LISBETH C. MARRUGO  
4471 NW 36TH STREET  
SUITE: 220  
MIAMI, FL 33166

\*\*\*\*\*

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

X *Lisbeth C. Marrugo*

Signature/Registered Agent

02-04-2004

Date

X *Lisbeth C. Marrugo*

Signature/Incorporator

02-04-2004

Date