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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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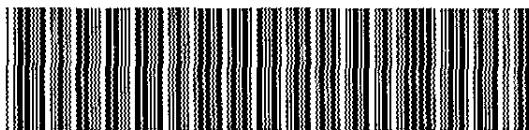
(Business Entity Name)

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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: cabrera medical Equipment Corporation

(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: Orquidea Paula Gonzalez

Name (Printed or typed)

9440 Fontainebleau Blvd. Apt. 318

Address

Miami, Florida 33172

City, State & Zip

(305)490-5654 Cell

Daytime Telephone number

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

RECEIVED

04 JAN 22 PM 2:39

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

W 3121

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION OF

I, THE UNDRSIGNED SUBSCRIBE OF THESE Articles of Incorporation, a natural personal competent to contract and desiring to form a corporation under the laws of the State of Florida, hereby certify as follows:

I

The name of the proposed corporation is:

CABRERA MEDICAL EQUIPMENT CORP.

II

The Corporation may engage in any activity or business permitted under the laws of the United States, and of the State of Florida.

III

The maximum number of shares of stock which the corporation is authorized to have outstanding at any time shall be:

Sixty shares at no par value

IV

This corporation shall have perpetual existence beginning on the date of incorporation.

V

The principal business office of the corporation shall be located at:

**7500 N.W. 25th Street, Suite 290
Miami, Florida 33122**

Or at such other place as may later be designated by the Board of Directors, with branch offices in such other cities, towns, states, or countries as may, from time to time, be authorized by its Board of Directors.

VI

The initial registered office address of this corporation shall be:

**7500 N.W. 25th Street, Suite 290
Miami, Florida 33122**

And, the Registered Agent at such registered address is:

Orquidea Paula Gonzalez

VII

The business of this corporation shall be conducted by a Board of Directors which shall consist of not less than one(1), and not more than nine(9) as shall from time to time be designated in the By-Laws of this corporation, and a majority thereof shall constitute a quorum for the transaction of all business.

VIII

The name and street address of each person who is to serve as member of the initial Board of Directors, who, subject to the provisions of these Articles of Incorporation, the Florida, shall hold office for the first year of corporate existence, or until their successors are elected and are duly qualified, are:

NAME	ADDRESS
<u>Orquidea Paula Gonzalez President</u>	<u>9440 Fontainebleau Blvd. Apt 318</u> Miami, Florida 33172
<u>Orquidea Paula Gonzalez Secretary Treasurer</u>	Same as Above

IX

The name and street address of each incorporator is:

NAME	ADDRESS
<u>Orquidea Paula Gonzalez</u>	<u>9440 Fontainebleau Blvd. Apt 318</u> Miami, Florida 33172

X

The By-Laws of this corporation may be created, amended, or changed by either the Stockholders or the Directors at any regular or duly scheduled special meeting.

XI

This corporation shall have, in addition to a President, Vice President, Secretary and/or Treasurer, such other additional officers as may be created from time to time by and under the authorization of its By-Laws.

XII

All officers, agents and factors shall be chosen in such manner, hold their offices for such terms, and have such powers and duties as may be prescribed by the By-laws or determined by the Board of Directors. Any person may hold two or more offices.

XIII

Every person who now is or hereafter shall become a Directors of this corporation shall be indemnified by the corporation against all costs and expenses (including attorney's fees) hereafter reasonably incurred by or imposed upon him in connection with, or resulting from any action, suit or proceedings of whatever nature, to which he is or shall be made part by reason of his being or having been a Director of the corporation whether or not he is a Director of the corporation at the time he is mad a party to such action, suit or proceeding, or at the time such cost or expense is incurred by or imposed upon him.

However, an exception is made to the above in relation to matters as to which he shall finally be adjudged in such action, suit or proceedings, to have been derelict in the performance of the duties imposed upon him as a matter of law.

IN WITNESS WHEREOF, the undersigned has made, subscribed and acknowledge these Articles of Incorporation this 15th day of January, 2004.



Orquidea Paula Gonzalez

STATE OF FLORIDA :
 : SS
COUNTY OF DADE :

I HEREBY CERTIFY that on the 15th day of January, 2004, personally appeared before me, an authorized officer duly commissioned to administer oaths and take acknowledgments, Orquidea Paula Gonzalez to me well known and known to me to be the person who executed the foregoing **ARTICLES OF INCORPORATION** and who acknowledged that it was signed and executed for the uses and purposes therein expressed.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal at Miami, Dade County, Florida, the day and year first above written.



Maria I. Santos
Commission #DD239052
Expires: Aug 05, 2007
Bonded Thru
Atlantic Bonding Co., Inc.



Maria I. Santos
NOTARY PUBLIC,
STATE OF FLORIDA

My Commission Expires: _____

Seal: _____

**CERTIFICATE DESIGNATING PLACE OF BUSINESS
OR DOMICILE FOR THE SERVICE OF PROCESS
UPON WHOM PROCESS MAY BE SERVED**

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said Act:

That **CABRERA MEDICAL EQUIPMENT CORP.**, desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Certificate of Incorporation, at City of Miami, County of Dade, State of Florida, has named: **Orquidea Paula Gonzalez** located at **9440 Fontainebleau Blvd. Apt. 318, Miami, Florida 33172** as its agent to accept service of process within this State

ACKNOWLEDGEMENT BY DESIGNATED AGENT

Having been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.



**Orquidea Paula Gonzalez
REGISTERED AGENT**

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04 FEB 10 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA