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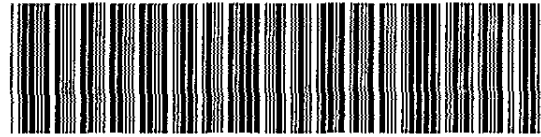
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RECEIVED
04 FEB 16 AM 10:57
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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2004 FEB 19 A 8:56
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TALLAHASSEE, FLORIDA

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

OFFICE USE ONLY

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

1. UNITED MEDICAL EQUIPMENT
(Corporation Name) (Document #)
2. SERVICES INC
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)



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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

February 17, 2004

LAZARUS

SUBJECT: UNITED MEDICAL EQUIPMENT SERVICES INC.
Ref. Number: W04000006671

We have received your document for UNITED MEDICAL EQUIPMENT SERVICES INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6933.

Dale White
Document Specialist
New Filings Section

Letter Number: 104A00010690

RECEIVED
04 FEB 19 PM 4:04
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION
OF

2004 FEB 19 A 8:56

HEALTHY STYLE MEDICAL EQUIPMENT SERVICES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA GENERAL CORPORATION ACT, HEREBY ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE I -NAME

THE NAME OF THE CORPORATION SHALL BE :

HEALTHY STYLE MEDICAL EQUIPMENT SERVICES INC.

THE PRINCIPAL PLACE OF BUSINESS OF THIS CORPORATION SHALL BE

215 SW 17TH AVE STE 313, MIAMI, FL 33135

ARTICLE II NATURE OF BUSINESS

THIS CORPORATION MAY ENGAGE IN OR TRANSACT ANY OR ALL LAWFUL ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES, THE STATE OF FLORIDA, OR ANY OTHER STATE, COUNTRY, TERRITORY OR NATION.

ARTICLE III CAPITAL STOCK

THE AGGREGATE NUMBER OF SHARES OF STOCK AND ITS VALUE THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS :100 all of which shall be common shares (1.00 PER VALUE EACH.)

Gloria Castillo & Ass. Inc
5610 S W 93 Th. Ave
Miami, Fl 33173

ARTICLE IV TERM OF EXISTENCE

THIS CORPORATION IS TO EXIST PERPETUALLY.

ARTICLE V OFFICERS DIRECTORS

THE NAME (S) AND STREET ADDRESS (ES) OF THE INITIAL OFFICER(S)
AND DIRECTOR (S) , IF ANY , WHO SHALL HOLD OFFICE THE FIRST
YEAR OF THE CORPORATION ' S EXISTENCE OR UNTIL THEIR
SUCCESOR(S) IS (ARE) ELECTED IS (ARE)

JOANES PEREZ
PRESIDENT/SECRETARY

12020 SW 181 TERRACE
MIAMI , FL 33177-0000

ARTICLE VI INCORPORATOR (S)

THE NAME (S) AND STREET ADDRESS (ES) OF THE INCORPORATOR(S)
TO THIS ARTICLES OF INCORPORATION IS (ARE):

JOANES PEREZ
PRESIDENT/SECRETARY

12020 SW 181 TERRACE
MIAMI , FL 33177-0000

Gloria Castillo & Ass. Inc
5610 S W 93 Th. Ave
Miami , Fl 33173

CONTINUATION __ ARTICLE VI-INCORPORATOR(S)

IN WITNESS WHEREOF, THE UNDERSIGNED INCORPORATOR (S)
HAS (HAVE) EXECUTED THESE ARTICLES OF INCORPORATION
THIS first (14) DAY(S) OF FEB , 2004 .

SIGNATURE(S) OF INCORPORATOR(S)

Joanes Perez 

JOANES PEREZ -PRESIDENT-/SECRETARY

GLORIA CASTILLO & ASS.INC

CERTIFICATE OF DESIGNATION
REGISTERED AGENT / REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.325, FLORIDA
STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER
THE LAWS OF STATE OF FLORIDA, SUBMITS THE FOLLOWING
STATEMENT IN DESIGNATING THE REGISTERED OFFICE / REGISTERED
AGENT, IN THE STATE OF FLORIDA

1.-THE NAME OF THE CORPORATION :

HEALTHY STYLE MEDICAL EQUIPMENT SERVICES INC.

2.- THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE
IS :

JOANES PEREZ-

12020 SW 181 TERRACE

(P.O. BOX NOT ACCEPTABLE)

MIAMI, FLORIDA 33177

(CITY /STATE /ZIPCODE)

SIGNATURE

Joanes Perez

TITLE

PRESIDENT

DATE

02/14/2004

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR
THE ABOVE STATED CORPORATION, AT THE PLACE DISIGNATED
IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITI AND
FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF MY
RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY
DUTIES , AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION
607.325, FLORIDA STATUTES.

SIGNATURE

Joanes Perez

DATE

02/14/2004

GLORIA CASTILLO & ASS.INC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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