

FD4000035289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

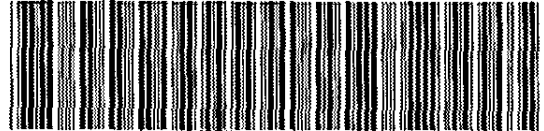
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300028816443

U2/23/U4--U1059--U07 **551.25

FILED

2004 FEB 23 P 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

04 FEB 23 PM 12:35

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

[Handwritten signature]
2/24/04

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. AN Medical Equipment Supplies, 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:

AV MEDICAL EQUIPMENT SUPPLIES, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

267 E 43 STREET
HIALEAH, FL 33012

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 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

RAUL A. VILLAMIA (P/D)
267 E 43 STREET
HIALEAH, FL 33012

ARTICLE VI REGISTERED AGENT

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


RAUL A. VILLAMIA
267 E 43 STREET
HIALEAH, FL 33012

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

RAUL A. VILLAMIA
267 E 43 STREET
HIALEAH, FL 33012

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

02-20-2004

Date



Signature/Incorporator

02-20-2004

Date

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TALLAHASSEE, FLORIDA