# 04000035906

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	<i>∓</i> #)
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# · TRANSMITTAL LETTER

SUBJECT: Medical & Information Technology Products, Corp.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Enclosed are an orig	inal and one (1) copy of the arti	icles of incorporation and	a check for:	
S70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: La	rry Miranda Name	(Printed or typed)		u . <del>u.</del>
-	1840 SW 82 AVE	Address	· ·	,
· ·	MIAMI. FL 33155	, State & Zip		
n n. e. 241 . •	305 265 1196	Celephone number		

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

Effective date 02/16/04

# \*ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

### ARTICLE I NAME

The name of the comoration shall be:

Medical & Information Technology Products, CORP.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1840 SW 82 AVE

MIAMI, FL 33155

# ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

RESALE OF MEDICAL AND COMPUTER PRODUCTS

# 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):

Larry Miranda

300 NW 114 AVE APT 102 MIAMI, FL 33172

**PRESIDENT** 

### ARTICLE VI REGISTERED AGENT

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

Larry Miranda

300 NW 114 AVE APT 102 MIAMI, FL 33172

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Lamy Miranda

300 NW 114 AVE APT 102 MIAMI, FL 33172

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 any accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature