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To:

 Division of Corporations
 Fax Number : (850)205-0381

From:

 Account Name : EMPIRE CORPORATE KIT COMPANY
 Account Number : 072450003255
 Phone : (305)634-3694
 Fax Number : (305)633-9696

FLORIDA PROFIT CORPORATION OR P.A.

superior medical supply inc.

Certificate of Status	0
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Page Count	02
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ARTICLE I NAME

The name of the corporation shall be:

Superior Medical Supply Inc.



Articles of Incorporation

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

•	*	
ARTICLE II PRINCIPAL OFFICE		
The principal place of business and mailing add	ress of this corporation shall be:	
THY! WAYNE AVENUE SUITE	E 43	
Miami Beach, Florida 3	3141	
ARTICLE III SHARES	• •	
The number of shares of stock that this corporation is	s authorized to have outstanding at any one time is	B:
The number shares which this corporation sh	all have the authority to issue is 100 shares	
of common stock NO PAR VALUE. Each shar	re shall have equal rights to each other shar	re
with respect to dividends voting and in Equid:	ation.	
ARTICLE IV INITIAL REGISTERED	AGENT & STREET ADDRESS	
The name and Florida street address of the initial	registered agent are:	
Medyn MARIA GESSA .		
THY WAYNE AVENUE Suit	E 45	
Minni Berch, Florida 33	14/	2 . ₹
The name and address of the incorporator to the	es Articles of Incorporation one:	<u> </u>
	one 1 miles of Widde Lorenton mas	- 공 - 프
Medyn Maria Gessa	1015	VISION -7
MUM WAYNE AVENUE SUI MANNIBEACH FLORI da 3 ABTICLE VI OFFICERS AND DIRECTOR	TE 43	
MIANIBEACH Florida 3	3/4/	MHID: 32
ARTICLE VI OFFICERS AND DIRECTOR	BS.	9 38
Modyn Maria Gessa, DP		38 宣言
Duri wayne AVENUE SVIT	te 45	
Himmigheach, Fl. 33141		
X HILRELY	0.3-25-04	
Signature/Incorporator	Date	
(An additional article must be adde	ed if an effective date is requested.)	
Having been named as registered agent and to accept serve		lace
designated in this certificate. I hereby accept the appoint m	rent as registered agent and agree to act in this capacit	ty. I
further aggles to comply with the provisions of all statues re	slating to the proper and complete performance of my	
duties, and I fon familiar with and accept the obligations of	t my position as registered agent.	
* Blaces	03-25-04	
Signature/Registered Agent	Date	

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