

**P04000066833**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

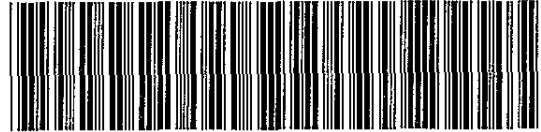
(Document Number)

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**D. WHITE APR 23 2004**



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DEPT.  
DIVISION OF STATE  
REGISTRATIONS  
TALLAHASSEE, FLORIDA

04 APR 22 AM 10:56

RECEIVED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2004 APR 22 A 9:33

FILED

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. Mosongo Medical 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:  
MOSONGO MEDICAL SUPPLIES, INC

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:  
295 WEST 30 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):  
OSMANY J. VILLANUEVA (P/D)  
295 WEST 30 STREET  
HIALEAH, FL 33012

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:  
OSMANY J. VILLANUEVA  
295 WEST 30 STREET  
HIALEAH, FL 33012

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:  
OSMANY J. VILLANUEVA  
295 WEST 30 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*

*Osmany J. Villanueva*  
Signature/Registered Agent

04-21-2004  
Date

*Osmany J. Villanueva*  
Signature/Incorporator

04-21-2004  
Date