

**P04000071011**

Florida Department of State  
Division of Corporations  
Public Access System

**Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

**((H04000095753 3)))**

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

**To:**

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

**From:**

Account Name : BERRIZ & GIRALDO P.A.  
Account Number : T19990000017  
Phone : (305) 485-9300  
Fax Number : (305) 485-1098

04 APR 30 AM 9:15

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT CORPORATION OR P.A.****OLYMPO MEDICAL SUPPLY, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

**Electronic Filing Menu****Corporate Filing****Public Access Help**

m. 5/2

404 0000957533

ARTICLES OF INCORPORATION

OF

OLYMPO MEDICAL SUPPLY, INC.

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporate, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

OLYMPO MEDICAL SUPPLY, INC.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:  
To have perpetual succession by its corporate

name:

OLYMPO MEDICAL SUPPLY, INC.

YOHIMA DEL CORRAL  
4080 SW 84 AV  
MIAMI, FL 33155  
305-4859300

404 0000957533

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
04 APR 30 AM 9:15

4040000957533.

#### ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of \$10.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

#### ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

**NESTOR VEGA  
717 PONCE DE LEON BLVD SUITE # 329  
CORAL GABLES, FL. 33134**

The principal office shall be:

**717 PONCE DE LEON BLVD SUITE # 329  
CORAL GABLES, FL. 33134**

4040000957533.

HD40000957533.

ARTICLE VI

The initial Board of Directors shall consist of a total of **TWO(02)** persons, and the name and address of the person who is to serve as an initial director is:

**NESTOR VEGA**  
**717 PONCE DE LEON BLVD SUITE # 329**  
**CORAL GABLES, FL. 33134**

**PRESIDENT**

**SERGIO MION**  
**717 PONCE DE LEON BLVD SUITE # 329**  
**CORAL GABLES, FL. 33134**

**VICEPRESIDENT**

The name and address of the incorporator executing these Articles of Incorporation is

**NESTOR VEGA**  
**717 PONCE DE LEON BLVD SUITE # 329**  
**CORAL GABLES, FL. 33134**

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this 16 APRIL, 2004

Nestor Vega  
**NESTOR VEGA**

HD40000957533.

HO# 0000957533.

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT / REGISTERED OFFICE**

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the 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 is:

**OLYMPO MEDICAL SUPPLY, INC.**

2. The Name and Address of the registered agent and office is

**NESTOR VEGA  
717 PONCE DE LEON BLVD SUITE # 329  
CORAL GABLES, FL. 33134**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES. AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

Nestor Vega  
Dated: APRIL 16, 2004

HO# 0000957533.

04 APR 30 AM 9:15

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA