

P040000 82296

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

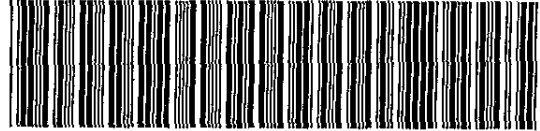
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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TS/24/04

TRANSMITTAL LETTER

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

SUBJECT: Tita's Medical Supplies, Inc.  
-----  
(Proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and our check for \$\_\_\_\_\_

FROM: Tita's Medical Supplies, Inc.  
-----  
Name (printed or type)

6945 W 16 Drive

-----  
Address

Hialeah, Fl. 33014

-----  
City, State & Zip Code

305-336-9613

-----  
Telephone number

Note: Please provide the original and one copy of the Articles.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES OF INCORPORATION

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

### ARTICLE I NAME

The name of the corporation shall be:

Tita's Medical Supplies, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

6945 W 16 Drive  
Hialeah, Fl. 33014

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 Shares @ \$1.00 par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Maria Leonor Cabrera  
6945 W 16 Drive  
Hialeah, Fl. 33014

ARTICLE V INCORPORATOR (S)

The name (s) and street address (es) of the incorporator (s) to these Articles of incorporation is (are) :

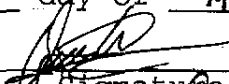
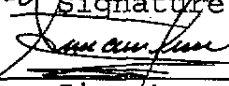
Oscar Andres Cabrera  
863 West 79 Street  
Hialeah, Fl. 33014

President

Maria Leonor Cabrera  
6945 W 16 Drive  
Hialeah, Fl. 33014

Secretary

signed incorporator (s) has (have) executed these Articles of incorporation this 19 day of MAY 2004

  
\_\_\_\_\_  
Signature  
  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

-----  
Signature

CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT / REGISTERED OFFICE

PURSUANT TO THE PROVISION OF SECTION 607.0501, FLORIDA STATUTES,  
THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE  
OF FLORIDA, SUBMITS THE FOLLOWING STATEMENTS IN DESIGNATING THE  
REGISTERED OFFICE. REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of corporation is Tita's Medical Supplies, Inc.

6945 W 16 Drive  
The address of the corporation is Hialeah, Fl. 33014

The name and address of the registered agent and office is:

Maria Leonor Cabrera

Name

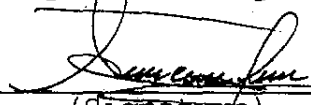
6945 W 16 Drive

P O Box or Mail Drop Not acceptable)

Hialeah, Fl. 33014

(City / State / Zip)

Having been named as registered agent and to accept services of  
process for the above stated corporation at 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)

MAY 19, 2004  
(Date)

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04 MAY 21 PM 3:34  
CLERK OF STATE  
TALLAHASSEE, FLORIDA