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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

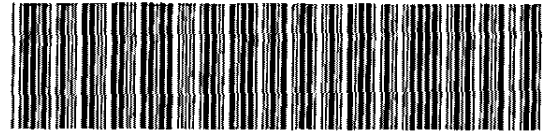
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/03/04 F01010-018 **78.75

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04 JUN -3 PM 11:51

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04 JUN -3 AM 10:58

DEPT. OF STATE
CORPORATIONS
DIVISION
TALLAHASSEE, FLORIDA

✓

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6-3

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. MANNN MEDICAL EQUIPMENT AND SUPPLIES INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00 ☒ 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

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04 JUN -3 PM 1:51
TALLAHASSEE, FL

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:

MANN MEDICAL EQUIPMENT AND SUPPLIES INC.
6555 N.W. 36 ST #314A
MIAMI, FL. 33166

ARTICLE II- PRINCIPAL OFFICE

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

MANN MEDICAL EQUIPMENT AND SUPPLIES INC.
6555 N.W. 36 ST #314A
MIAMI, FL. 33166

ARTICLE III- SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 500 shares per \$1

ARTICLE IV- INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: CARRIE DAMIEN
6555 N.W. 36 ST #314A
MIAMI, FL 33166

ARTICLE V- INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

CARRIE DAMIEN
6555 N.W. 36 ST #314A
MIAMI, FL. 33166

The under signed incorporator has executed these Articles of Incorporation this 1ST day of JUNE 2004.

Signature.


CARRIE DAMIEN
PRESIDENT

ARTICLE VI- DIRECTOR(S)

The name(s) and street address(es) of these Articles of Incorporation is (are):

PRESIDENT: CARRIE DAMIEN
6555 N.W. 36 ST #314A
MIAMI, FL. 33166

CERTIFICATE OF DESIGNATION
OF REGISTERED AGENT/ REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designed 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.


CARRIE DAMIEN
Registered Agent Signature

DATE: 6-1-04

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CLERK OF COURT
JULIA E. BROWN