

P04000091936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

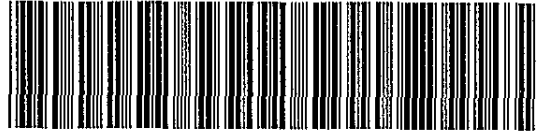
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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## TRANSMITTAL LETTER

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

S.F. MEDICAL SUPPLIES, INC.

SUBJECT: \_\_\_\_\_  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☒ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: JOHN B. ALE

Name (Printed or typed)

2190 SW 139 COURT

Address

MIAMI, FL 33175

City, State & Zip

305-553-2090

Daytime Telephone number

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**NOTE: Please provide the original and one copy of the articles.**

**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:

S.F. MEDICAL SUPPLIES, INC

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

5890 WEST 9 CT - HIALEAH, FL 33012

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

SALE

**ARTICLE IV SHARES**

The number of shares of stock is:

5000 SHARES OF \$ 1.00 EACH

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

FELIBERTO A. MENDEZ -- PRESIDENT  
5890 WEST 9 CT, HIALEAH, FL 33012

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

FELIBERTO A. MENDEZ  
5890 WEST 9 CT, HIALEAH, FL 3312

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

FELIBERTO A. MENDEZ  
5890 WEST 9 CT, HIALEAH, FL 3312

\*\*\*\*\*

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

Signature/Registered Agent

Signature/Incorporator

Date

Date

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