

P04000098177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

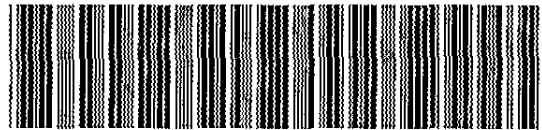
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300037973283

06/29/04--01039--001 **78.75

RECEIVED
04 JUN 29 AM 11:26
CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

FILED
04 JUN 29 PM 12:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6-29-04

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

FILED

04 JUN 29 PM 12: 24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OFFICE USE ONLY

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

1. LATIN AMERICAN MEDICAL SUPPLY CORP
(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

ARTICLES OF INCORPORATION

FILED

LATIN AMERICAN MEDICAL SUPPLY CORP

04 JUN 29 PM 12: 24

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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of the corporation shall be:

LATIN AMERICAN MEDICAL SUPPLY CORP

ARTICLE II - PRINCIPAL OFFICE

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

2782 NW 79TH AVE
MIAMI FL 33122

ARTICLE III - SHARES

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

SIX HOUNDRED (600) SHARES OF \$1,00 PAR VALUE COMMON STOCK,
WHICH SHALL BE DESIGNATE "COMMON STOCK"

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

WILLIAM HANDAL JR
2782 NW 79TH AVE
MIAMI FL 33122

FILED

04 JUN 29 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V - INCORPORATOR

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

William Handal 32 2782 NW 79th Ave., Miami, FL 33122

LUIS C. DOMINGUEZ 2782 NW 79 TH AVE
Miami FL 33122

AGUSTIN CELA 2782 NW 79 AVE
Miami FL 33122

The undersigned incorporator has executed these Articles of Incorporation this 28TH day of JUNE 2004


Signature

ARTICLE VI- DIRECTOR(S)

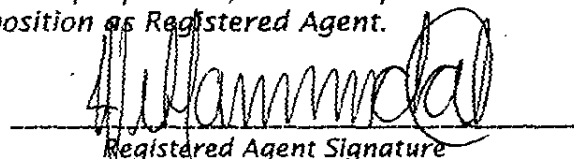
The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

LUIS C. DOMINGUEZ 2782 NW 79 TH AVE
Miami FL 33122
President/Treasure 90%

AGUSTIN CELA 2782 NW 79 TH AVE
Miami FL 33122
Vice-President/Secretary 10%

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 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 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.


Registered Agent Signature