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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 17, 2004

DR. WILFREDO RIVERA 1721 WATAUGA AVE ORLANDO, FL 32812

SUBJECT: A & W WORLDWIDE MEDICAL SUPPLIES INC.

Ref. Number: W0400023437

We have received your document for A & W WORLDWIDE MEDICAL SUPPLIES INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Becky McKnight Document Specialist New Filings Section

Letter Number: 904A00040557

TRANSMITTAL LETTER

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

W Worldwide Medical Supp	lies Inc.	
(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
inal and one (1) copy of the art	icles of incorporation and	l a check for:
\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
1721 Watauga	a Ave. Address	
	inal and one (1) copy of the art \$78.75 Filing Fee & Certificate of Status Dr. Wilfredo F Name 1721 Watauga Orlando, FL 3 City 407-228-7468	Filing Fee & Certificate of Status ADDITIONAL CO Dr. Wilfredo Rivera Name (Printed or typed) 1721 Watauga Ave.

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:

A & W Worldwide Medical Supplies Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 6500 Winegard Rd. Suite 110 Orlando, FL 32809

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is: Medical Equipment Distributors

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Dr. Wilfredo Rivera 1721 Watagua Ave. Apt 204 Orlando FI 32812

President

Nestor Andres de la Cruz 855 A- Sky Lake Circle Orlando, FL 32809 Vice- President

Norma D. Rivera Apt 204 Orlando FL 32812 Treasurer

Nestor Andres de la Cruz 1721 Watagua Ave. 855 A- Sky Lake Circle Orlando, FL 32809 Secretary

ARTICLE VI REGISTERED AGENT

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

Josefina Calderon /JC Consultores Labores inc. 3098 Stillwater Dr. Kissimmee, FL 34743

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Dr. Wilfredo Rivera 1721 Watagua Ave. apt. 204 orlando, FL 32812

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