

P04000106985

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

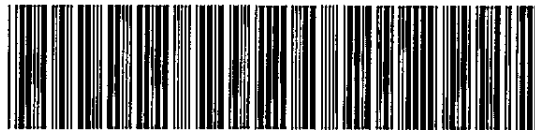
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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04 JUL 20 PM 12:07

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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04 JUL 20 PM 11:02

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

07-20-04

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

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

1. QUICK MEDICAL SUPPLIES, INC  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☒ Pick up time \_\_\_\_\_ ☒ 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
Amendment
Resignation of R.A., Officer/ Director
Change of Registered Agent
Dissolution/Withdrawal
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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

### **ARTICLE I NAME**

The name of the corporation shall be:

QUICK MEDICAL SUPPLIES, INC

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

7120 SW 13TH STREET  
PEMBROKE PINES, FL 33023

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

### **ARTICLE IV SHARES**

The number of shares of stock is:

100 SHARES

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

MADELAINE D. ACOSTA (PD)  
7120 SW 13TH STREET  
PEMBROKE PINES, FL 33023

### **ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

MADELAINE D. ACOSTA  
7120 SW 13TH STREET  
PEMBROKE PINES, FL 33023

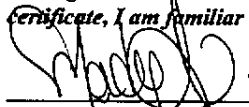
### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

MADELAINE D. ACOSTA  
7120 SW 13TH STREET  
PEMBROKE PINES, FL 33023

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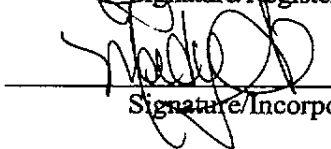
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



\_\_\_\_\_  
Signature/Registered Agent

\_\_\_\_\_  
JULY 19, 2004

\_\_\_\_\_  
Date



\_\_\_\_\_  
Signature/Incorporator

\_\_\_\_\_  
JULY 19, 2004

\_\_\_\_\_  
Date

FILED  
04 JUL 20 PM 12:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA