

P0400011372

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H04000155926 3)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)205-0381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305)634-3694  
Fax Number : (305)633-9696

FILED  
2004 JUL 28 AM 9:29  
TALLAHASSEE FLORIDA

**FLORIDA PROFIT CORPORATION OR P.A.**

**all medx supply, inc.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing

Public Access Help

TOTAL P.02

## ARTICLES OF INCORPORATION

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

2004 JUL 28 AM 9:29

### ARTICLE I NAME

The name of the corporation shall be:

STATE  
TALLAHASSEE FLORIDA

All Medx Supply, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

9500 SW 36 Street, Miami, Florida 33165

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any business permitted under Florida Law

### ARTICLE IV SHARES

The number of shares of stock is:

100 @\$1.00

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Leidy Cabrera, President 9500 SW 36 Street, Miami, Florida 33165

### ARTICLE VI REGISTERED AGENT

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

Leidy Cabrera, 9500 SW 36 Street, Miami, Florida 33165

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Leidy Cabrera, 9500 SW 36 Street, Miami, Florida 33165

\*\*\*\*\*

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

Leidy Cabrera  
Signature/Registered Agent

7-28-04  
Date

Leidy Cabrera  
Signature/Incorporator

7-28-04  
Date

H0210000155926