

PO4000138596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

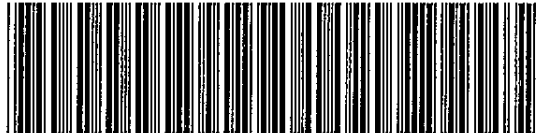
(Business Entity Name)

(Document Number)

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

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10/06/04--01034--003 \*\*78.75

RECEIVED  
04 OCT -6 AM 11:24  
DEFINITION OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
2004 OCT -6 PM 12:56  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

10/6/04

OFFICE USE ONLY(DOCUMENT #)

**LAZARUS CORPORATE FILING SERVICE**

**3320 S.W. 87 AVENUE**

**MIAMI, FLORIDA (305)552-5973**

2004 OCT -6 PM 12:56

DEPARTMENT OF STATE  
TALLAHASSEE FLORIDA

OFFICE USE ONLY

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

1. ALL TIME MEDICAL EQUIPMENT, 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**

**OF**

**ALL TIME MEDICAL EQUIPMENT, CORP.**

2004 OCT -6 PM 12: 56

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

The undersigned incorporator, for the purpose of forming a Corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

Article I, Name

The name of the corporation shall be: ALL TIME MEDICAL EQUIPMENT, CORP.

Article II, Principal Office

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

10780 SW 58 Terrace  
Miami, FL 33173

Article III, Capital Stock

The number of shares of stock that this corporation is authorized to have outstanding at any time is: One hundred, (100) shares at \$1.00 par value each, having an aggregate value of \$100.00 (One hundred dollars and 00/100).

Article IV, Initial Registered Agent and Address

The name and address of the initial registered agent:

Irving Gomez  
10780 SW 58<sup>th</sup> Terrace  
Miami, FL 33173

Article  
V, Incorporator

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

Irving Gomez  
10780 SW 58<sup>th</sup> Terrace  
Miami, FL 33173

Article VI, Officers and Directors

The name(s) and street address(es) of the Board of Directors and Officers of this corporation is (are):

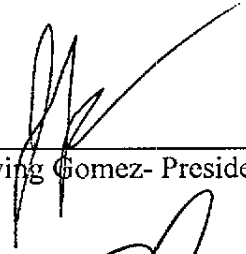
Irving Gomez  
10780 SW 58<sup>th</sup> Terrace  
Miami, FL 33173


President and  
Director

Silvia V. Gomez  
295 NW 72 Ave., #406  
Miami, FL 33126

Vice President and  
Director

The undersigned has executed these Articles of Incorporation this 30th day of September 2004.

  
\_\_\_\_\_  
Irving Gomez- President

  
\_\_\_\_\_  
Silvia V. Gomez-Secretary and Treasurer

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

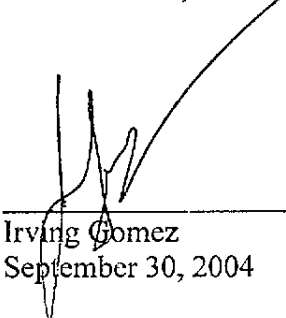
Pursuant to the provision of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered agent/registered office, in the State of Florida.

The name of the corporation is: ALL TIME MEDICAL EQUIPMENT, CORP.

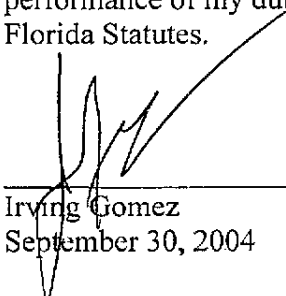
The name and address of the registered agent and office is:

Irving Gomez  
10780 SW 58<sup>th</sup> Terrace  
Miami, FL 33173

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2004 OCT -6 PM 12:56  
CLERK OF STATE  
TALLAHASSEE FLORIDA

  
\_\_\_\_\_  
Irving Gomez  
September 30, 2004

Having been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of Section 607.325, Florida Statutes.

  
\_\_\_\_\_  
Irving Gomez  
September 30, 2004