

204 000 145977

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

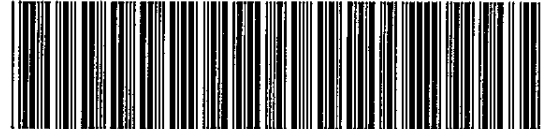
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200041935442

10/22/04--01057--010 **78.75

js

10/22/04

04 OCT 22 PM 2:45
DEPT OF STATE
TALLAHASSEE, FLORIDA

04 OCT 22 PM 12:45
DEPT OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

OFFICE USE ONLY

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

1. OFFICEMED SUPPLIES INC

(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

FILED
CLERK OF DISTRICT COURT
MIAMI, FLORIDA

04 OCT 22 PM 2:41

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:

OFFICEMED SUPPLIES INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2520 SW 22 STREET, SUITE 2-303
MIAMI, FL 33145

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JUAN CARLOS ARANGO, PRESIDENT 2520 SW 22 STREET, SUITE 2-303
MIAMI, FL 33145
SCOTT J. WALKER, VICE-PRESIDENT 2520 SW 22 STREET, SUITE 2-303
MIAMI, FL 33145

ARTICLE VI REGISTERED AGENT

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

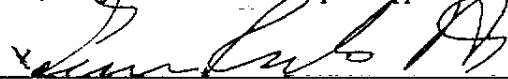
JUAN CARLOS ARANGO
2520 SW 22 STREET, SUITE 2-303
MIAMI, FL 33145

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SCOTT J. WALKER
2900 GRINDON AVENUE
BALTIMORE, MARYLAND 21214

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

10/21/04

Date



Signature/Incorporator

10/21/04

Date

FILED
04 OCT 22 PM 2:41
CLERK OF STATE
TALLAHASSEE, FLORIDA