

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : BUSINESS WORLD TRANSACTIONS, INC.

Account Number: 104512000707
Phone: (305)266-4080
Fax Number: (305)221-2388

FLORIDA PROFIT CORPORATION OR P.A.

L & E MEDICAL SUPPLY, CORP.

Certificate of Status	0
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FAX NO. :

Aug. 12 2003 05/3974 P2

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: L & E MEDICAL SUPPLY, CORP.

ARTICLE II PRINCIPAL OFFICE

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

713 OPA LOCKA BLV OPA LOCKA, FL. 33054

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:One Thousand (1,000) shares of One Dollar (\$1,00) par value common stock, which shall be designated [ICOMMON SHARES.]]

ARTICLE IV

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

LAZARO GARCIA MONTESINO 713 OPA LOCKA BLV OPA LOCKA, FL. 33054

Prepared by: LAZARO GARCIA MONTESINO

713 OPA LOCKA BLV OPA LOCKA, FL, 33054

786 2947868

Electronically Sent By: BUSINESS WORLD TRANSACTIONS, INC.

3850 S.W. 87 AVE. SUITE 307

MIAMI, FL. 33165 (305) 221-2340

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ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

LAZARO GARCIA MONTESINO 713 OPA LOCKA BLV OPA LOCKA, FL. 33054

DIRECTOR & PRESIDENT

8 day of FEBRUARY	, 2005	
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	Signature	
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	Signature	S. Constitution and Con

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FROM:

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SECRETARY OF STATE

OODO 342 OVTALLAHASSEE. FLORIDA

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA. SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the corporation is: L & E MEDICAL SUPPLY, CORP.
- 2. The name and address of the registered agent and office is:

LAZARO GARCIA MONTESINO 713 OPA LOCKA BLV OPA LOCKA, FL. 33054

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as

registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my dulies, and I am familiar with and accept the obligations of my position as registered agent.

(SIGNATURE)

(DATE) 01-08-05

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