

P05000037643

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

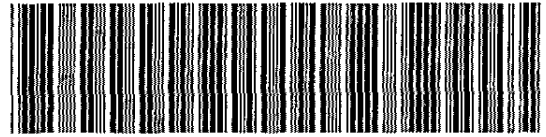
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
05 MAR 10 PM 2:46

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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. DEL MONTE MEDICAL SUPPLIES INC
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

- Walk in
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 Certified Copy
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 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

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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:

DEL MONTE MEDICAL SUPPLIES INC

ARTICLE II PRINCIPAL OFFICE

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

1681 W 37 ST, STE 13
HIALEAH, FL 33012

ARTICLE III PURPOSE

The purpose for which the corporation is organized is rent and sale of medical products and equipment.

ARTICLE IV SHARES

The number of shares of stock is:

ONE HUNDRED SHARES (100) WITH FIVE DOLLARS (\$5.00) VALUE PER SHARE

ARTICLE V OFFICERS AND DIRECTORS

PEDRO P. GONZALEZ, PRESIDENT
1035 SW 123 PL
MIAMI, FL 33184

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the initial registered agent is:

PEDRO P. GONZALEZ
1035 SW 123 PL
MIAMI, FL 33184

ARTICLE VII INCORPORATOR(S)

The name(s) and address(es) of the Incorporator is

PEDRO P. GONZALEZ
1035 SW 123 PL
MIAMI, FL 33184

.....

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

Pedro P. Gonzalez
Signature / Registered Agent

03/09/05
Date

Pedro P. Gonzalez
Signature / Incorporator

03/15/05
Date

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