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SECRETARY OF STATE

# **LAZARUS** CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

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Examiner's Initials

MIAMI, FL 33165 (305) 552-5973 CORPORATION NAME(S) & DOCUMENT N (Corporation Name) (Corporation Name) (Corporation Name) Walk in Pick up time 2.00 ☐ Mail out ☐ Will wait NEW FILINGS AME Profit Not for Profit Limited Liability Domestication Other **OTHER FILINGS** Annual Report
Fictitious Name

Other

CR2E031(7/97)

# ARTICLES OF INCORPORATION

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

# ARTICLE I - NAME

The name of the corporation shall be:

Esquirer MediCAL Equipment, INC

## ARTICLE II - PRINCIPAL OFFICE

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

5209 NW 74 Ave SUITE # 217 Minni 1 Th 33166

#### ARTICLE III -- SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000 Shares of \$ 1.00

## ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

DANNI ESQUIVEL
5209 NW TY ARE
SUITE #217
MIANI, FL 33166

# ARTICLE V - INCORPORATOR

The name and street address of the incorporation is:	tor to these Articles of
Incorporation is:  DANNI ESQUIVEL  5209 NW 74 Ame	SUITE # 217
MIAMI FZ 33166 The undersigned incorporator has executed the Incorporation this D_day of JULY_	
incorporation this b day of 1019	20_05
Signature	

## ARTICLE VI- DIRECTOR(S)

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

DANNI ESQUIVEL

DIRECTOR

NI ANI, FR 33166

The director(s) to these Articles of the director(s) to the director(s) t

#### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature