# P05000106539

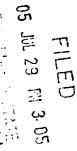
(Requestor's Name)
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CORPORATE FILING S	ERVICE	
3320 SW 87 <sup>TH</sup> AVENUE		
MIAMI, FL 33165 (305) 55	2-5973	
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CORPORATION NAME(S) & DO	CUMENT NUMBE	ER(S), (if known):
Y & Y MEDICAL (Corporation Nan-)	SUPPLIES	· CORP.
(Corporation Nam <sup>2</sup> )	(Docu	iment #)
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Annual Report	Foreign	
☐ Fictitious Name	Limited Reinstate	Partnership
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	Other	
		Examiner's Initials

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:

Y. &Y NEDICAL Supplies corp.

#### ARTICLE II - PRINCIPAL OFFICE

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

162 NW 27 AVE.

Miaui FL 33125.

### **ARTICLE III -SHARES**

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

100

#### ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

YUNIOR LOPEZ SARDAÑA.

162 NW 27 AVE.

MIAM: FL 33125.

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#### ARTICLE V - INCORPORATOR

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

YUNIOR LOPEZ SARDADA.

162 NW 27 AVE. MIAWI 1-L 33125.

The undersigned incorporator has executed these Articles of Incorporation this 28 day of TUP 10. 2005

**ARTICLE VI- DIRECTOR(S)** 

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

YUNIOR LOPEZ SARDAÑA. (PRESIDENT)
162 NW 27 AVE
MIAMI FL 33125.

#### 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.

egistered Agent Signature