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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)205-0381

From: Account Name : XIOMARA LEE, P.A.
Account Number : I20040000008
Phone : (305)262-2323
Fax Number : (305)262-2324

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.
N & A MEDICAL SUPPLIES INC.

Certificate of Status	1
Certified Copy	1
Page Count	01
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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:
N & A MEDICAL SUPPLIES INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:
27501 S. DIXIE HWY SUITE 207
NARANJA, FL 33032

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
MEDICAL SUPPLIES

ARTICLE IV SHARES

The number of shares of stock is:
100

ARTICLE V INTIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
ALEJANDRO ALONSO (PRESIDENT/DIRECTOR)
27501 S. DIXIE HWY SUITE 207
NARANJA, FL 33032

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:
ALEJANDRO ALONSO
27501 S. DIXIE HWY SUITE 207
NARANJA, FL 33032

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:
ALEJANDRO ALONSO
27501 S. DIXIE HWY SUITE 207
NARANJA, FL 33032

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

x 

Signature/Registered Agent

08/05/2005

Date

x 

Signature/Incorporator

08/05/2005

Date

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