

FROM : GALLOWAY > OFFICE

FAX NO. : 305 265 1592

Sep. 06 2005 04:56PM P1

Division of Corporations

**P05000122238**

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

From: Account Name : GALLOWAY OFFICE  
Account Number : I20030000131  
Phone : (786) 380-7072  
Fax Number : (305) 265-1592

FILED  
 05 SEP -6 PM 12:42  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**FLORIDA PROFIT CORPORATION OR P.A.**

Little Havana Medical Supply Inc.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

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9/7/05  
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FROM : GALLOWAY > OFFICE

FAX NO. : 305 265 1592

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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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05 SEP -6 PM 12:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

Little Havana Medical Supply Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

2871 SW 133 Ave. Miami Florida 33175.

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The corporation is organized for any lawful purpose permitted under the Laws of the State of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

ISIS GONZALEZ 2871 SW 133 Ave. Miami Florida 33175. PRESIDENT

**ARTICLE VI REGISTERED AGENT**

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

ISIS GONZALEZ 2871 SW 133 Ave. Miami Florida 33175.

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

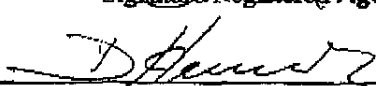
GALLOWAY OFFICE LLC, 835 SW 87 AVE, MIAMI, FL 33174  
Ph 786 390 7072.

\*\*\*\*\*  
*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*

  
\_\_\_\_\_  
Signature/Registered Agent

9-6-05

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

9-6-05

\_\_\_\_\_  
Date

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