

PO 5000127026

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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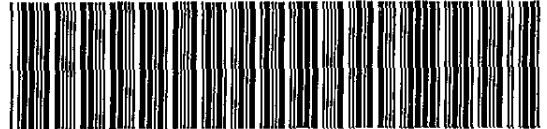
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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J. Shivers SEP 16 2005

205-41582

## TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: IDEA MEDICAL EQUIPMENT, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status  
**ADDITIONAL COPY REQUIRED**

FROM: MAYRA ROSA ALFONSO

Name (Printed or typed)

1012 NW 31 AVE

Address

MIAMI, FLORIDA 33125

City, State & Zip

786 201 2103

Daytime Telephone number

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**NOTE: Please provide the original and one copy of the articles.**

## 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:

IDEA MEDICAL EQUIPMENT, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6955 NW 77 AVE SUITE 404 MIAMI, FL. 33166

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SALES AND RENTAL OF MEDICAL EQUIPMENTS

### ARTICLE IV SHARES

The number of shares of stock is:

500 SHARES OF \$ 1.00, WICH SHALL BE DESIGNATED "COMMON SHARES"

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MAYRA ROSA ALFONSO President/treasurer/V. President/Secretary

### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

MAYRA ROSA ALFONSO 1012 NW 31 AVE MIAMI, FLORIDA 33125


### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

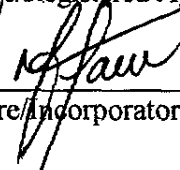
MAYRA ROSA ALFONSO 1012 NW 31 AVE. MIAMI FLORIDA 33125

\*\*\*\*\*

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

08-29-2005  
\_\_\_\_\_  
Date

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

09-13-2005  
\_\_\_\_\_  
Date

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CLERK OF STATE  
TALLAHASSEE, FLORIDA