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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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W005-44308

B. McKnight SEP 28 2005

**LAZARUS
CORPORATE FILING SERVICE**

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. ASHLEY MEDICAL SUPPLIES CORP
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

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NEW FILINGS

- ☒ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

September 26, 2005

LAZARUS

SUBJECT: ASHLEY MEDICAL SUPPLIES CORP
Ref. Number: W05000044328

We have received your document for ASHLEY MEDICAL SUPPLIES CORP and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the corporation's principal office and/or a mailing address in the document.

Please list the principal address in article II.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Becky McKnight
Document Specialist
New Filings Section

Letter Number: 805A00058586

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;

ASHLEY MEDICAL SUPPLIES CORP

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be;

557 W 46 Place Hialeah Fl 33012

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is; 1000 Shares value of \$1.00
50% Nuris Fernandez 557 W 46 Place Hialeah Fl 33012
50% Yadira M. Cuza 5445 W 27 Lane Hialeah Fl 33016

05 SEP 27 PM 12:42

FILED
CLERK OF CIRCUIT COURT
JANUARY OF 1991

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS.

The name and address of the initial registered agent is;

Nuris Fernandez 557 W 46 Place
Hialeah Fl 33012

x 

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) if the incorporator(s) to these Article of incorporation is (are);

Nuris Fernandez 557 W 46 Place Hialeah Fl 33012
Yadira M. Cuza 5445 W 27 Lane Hialeah Fl 33016

ARTICLE VI DIRECTOR(S)

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

Nuris Fernandez 557 W 46 Place Hialeah Fl 33012
Yadira M. Cuza 5445 W 27 Lane Hialeah Fl 33016

The undersigned incorporator(s) has(have) executed these Articles of incorporation this 14 day of September, 2005

x 

Nuris Fernandez

SIGNATURE

President Treasury



Yadira M. Cuza

SIGNATURE

Vicepresident Secretary

SIGNATURE

CERTIFICATE OF DESIGNATION REGISTERED AGENT /

REGISTERED OFFICE.

Pursuant to the provision of sections 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida,

1.- The name of the corporation is; _____

ASHLEY MEDICAL SUPPLIES CORP

2.- The name and address of the registered agent and office is

Nuris Fernandez

NAME

557 W 46 Place

P.O. BOX NOT ACCEPTABLE

Hialeah Fl 33012

CITY/STATE/ZIP

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DIVISION OF INFORMATION

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE 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 RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REG


SIGNATURE

14 day of September, 20 05