

P05000156331

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H05000272532 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

FILED  
05 NOV 28 PM 3:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

From:  
Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

FLORIDA PROFIT CORPORATION OR P.A.

GOOD SHEPHERD MEDICAL SUPPLIES, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

D. WHITE NOV 29 2005

Electronic Filing Menu

Corporate Filing

Public Access Help

FILED

05 NOV 28 PM 3:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

of

GOOD SHEPHERD MEDICAL SUPPLIES, INC.

(Name of Corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I- CORPORATE NAME

The name of the corporation is:

GOOD SHEPHERD MEDICAL SUPPLIES, INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida Law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of operating a medical supplies sales & rentals company.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue six hundred shares (600) of one dollar (\$1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial Registered Agent office and the name of the Initial Registered Agent at that office are:

NAME LUIS OLIVA  
ADDRESS 7416 SOUTH DIXIE HWY.  
CITY WEST PALM BEACH, FL. 33405

The principal office, if known or the mailing address of the corporation is:

NAME GOOD SHEPHERD MEDICAL SUPPLIES, INC.  
ADDRESS 7416 SOUTH DIXIE HWY.  
CITY WEST PALM BEACH, FL. 33405

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have FOUR (4) director(s) initially. The number of directors may be either increased or diminished from time to time by the by-laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follow:

NAME LUIS OLIVA  
ADDRESS 3740 LOWSON BLVD.  
CITY DELRAY BEACH, FL. 33445

NAME ROSA OLIVA  
ADDRESS 3740 LOWSON BLVD.  
CITY DELRAY BEACH, FL. 33445

NAME MARTHA O. JIMENEZ  
ADDRESS 842 SELKIRK STREET  
CITY WEST PALM BEACH, FL. 33405

NAME MIRTHA O. PUENTE  
ADDRESS 3740 LOWSON BLVD.  
CITY DELRAY BEACH, FL. 33445

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME LUIS OLIVA  
ADDRESS 3740 LOWSON BLVD.  
CITY DELRAY BEACH, FL. 33445

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_

IN WITNESS WHEREOF, the undersigned and subscriber(s) have executed these Articles of Incorporation this 22<sup>ND</sup> DAY OF NOVEMBER 2005.

*Luis Oliva* (Seal)

\_\_\_\_\_ (Seal)

\_\_\_\_\_ (Seal)

\_\_\_\_\_ (Seal)

FILED

05 NOV 28 PM 3:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CERTIFICATE AND ACKNOWLEDGEMENT  
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

GOOD SHEPHERD MEDICAL SUPPLIES, INC.  
(Name Corporation)

Pursuant to Florida Statutes Sections 48.091 and  
607.0501, the following is submitted:

The above corporation, desiring to organize under the  
laws of the State of Florida with its registered office  
as indicated in the Articles of Incorporation

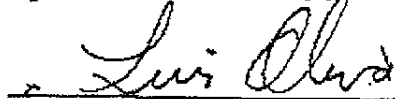
At: GOOD SHEPHERD MEDICAL SUPPLIES, INC.  
7416 SOUTH DIXIE HWY.  
WEST PALM BEACH, FL. 33405

Has named LUIS OLIVA

Located at the aforesaid address, as its Registered  
Agent to accept service of process within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service  
of process for the above stated corporation at the  
place designated in this certificate, and being  
familiar with the obligations of that position, I  
hereby accept to act in this capacity, and agree to  
comply with the provisions of Florida Law in keeping  
open said office.



(REGISTERED AGENT)