P05000162204

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(City/State/Zip/Phone #)
(Document Number) Certified Copies Certificates of Status	PICK-UP WAIT MAIL
(Document Number) Certified Copies Certificates of Status	
Certified Copies Certificates of Status	(Business Entity Name)
Certified Copies Certificates of Status	
	(Document Number)
Special Instructions to Filing Officer:	Certified Copies Certificates of Status
Special instructions to Filing Officer:	
Opecial manuculars to 1 ming Officer.	Special instructions to Filing Officer
	Special managements to 1 ming Officer.
1	

Office Use Only



000061820830

12/12/05--01009--015 **78.75

TILT P 4: 01
SECRETARY OF STATE



18/2/2

LAZARUS CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

CR2E031(7/97)

MIAMI, FL 33165 (305) 552-5	973
	Office Use Only
CORPORATION NAME(S) & DOCUM	ENT NUMBER(S), (if known):
DADE MEDICAL	EQUIPMENT CORP.
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
4. (Corporation Name) Walk in Pick up time	(Document #) 2.05 Certified Copy
Mail out Will wait	☐ Photocopy ☐ Certificate of Status
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

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 1 - NAME

The name of the corporation shall be:

DADE MEDICAL Equipment corp

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be: $205/NW \rightarrow 0 ST$

suite#2 miami. Fl. 33142

ARTICLE III -SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

HIDELISA HERNONSEZ

3462 SW 112 AVE

Miami Pl 33165

ARTICLE V - INCORPORATOR

	address of the incorporator to these Articles of
Incorporation is:	Hiddisg Heenondez
	3962 SW 112 ALR
	Miami F/ 33/65
The undersigned incoloroporation this \mathcal{L}	rporator has executed these Articles of day of Decamber 2005.
	Dien was

ARTICLE VI- DIRECTOR (S)

Signaturé

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are): Mesidente:

Hipclisa Alenandez

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature