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LAZARUS CORPORATE FILING SERVICE

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Examiner's Initials

Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time 100 Certified Copy Mail out Will wait Certificate of Status ☐ Photocopy **NEW FILINGS AMENDMENTS** Profit Amendment Resignation of R.A., Officer/Director Not for Profit Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/QUALIFICATION Annual Report Foreign ☐ Fictitious Name Limited Partnership Reinstatement Trademark Other

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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:

ACOSTA MEDICAL SUPPLY FUC.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

11890 SW 8 ST SUITE * 409 MIAMI - FLORIDA 33184.

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:

JORGE PERDISON 12444 SW 27 ST MIAMI-FIO. 33175.

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ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

JONGE PERDIGON
18444 SW 87 ST
MIAMI-Plo. 30175.

The undersigned incorporator has executed these Articles of Incorporation this day of $\frac{1}{200}$ 200

ARTICLE VI DIRECTOR(S)

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

JORGE PENDISON- PRESIDENT.

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