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(Requestor's Name)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C.S. 2-

COVER LETTER

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

SUBJECT: Alondra Medical Supplies, 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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: TATIANA VALDES

Name (Printed or typed)

3620 NW 97 STREET

Address

MIAMI, FL 33147

City, State & Zip

(786)-399-8809

Daytime Telephone number

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:

Alondra Medical Supplies, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3620 NW 97 STREET MIAMI, FL 33147

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SALE AND RENTAL OF MEDICAL EQUIPMENT.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

TATIANA VALDES

3620 NW 97 STREET MIAMI, FL 33147

ARTICLE VI REGISTERED AGENT

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

TATIANA VALDES

3620 NW 97 STREET MIAMI, FL 33147

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

TATIANA VALDES

3620 NW 97 STREET MIAMI, FL 33147

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 / Incorporator



Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA