

Box 14
P06000017635

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

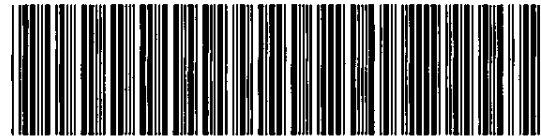
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: CANEI MEDICAL & DIABETIC SUPPLY. 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: Daisy Lezcano
Name (Printed or typed)

1621 SW 137 Place
Address

Miami, Florida 33175
City, State & Zip

(305) 766 - 2498
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:

CANEI MEDICAL & DIABETIC SUPPLY. INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1621 SW 137 Place
Miami, FI 33175

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Sales & Distribution of Medical Equipment, Hopital Equipment & Supplies, Sales and distribution of Diabetic Supplies.

ARTICLE IV SHARES

The number of shares of stock is:

3,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Daisy Lezcano,. President
1621 SW 137 Place
Miami, FI 33175
(305) 766-2487

ARTICLE VI REGISTERED AGENT

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

Daisy Lezcano
1621 SW 137 Place
Miami, FI 33175
(305) 766-2487

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Daisy Lezcano
1621 SW 137 Place
Miami, FI 33175
(305) 766-2487

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

Signature/Incorporator

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/31/06
Date
1/31/06
Date