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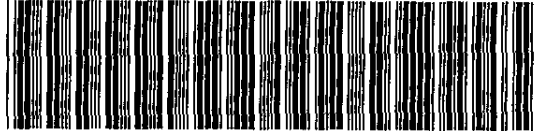
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. JL MEDICAL SUPPLIES INC  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in    ☒ Pick up time 2.00    ☒ Certified Copy  
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**NEW FILINGS**

☒ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**OTHER FILINGS**

☐ Annual Report  
☐ Fictitious Name

**AMENDMENTS**

☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**REGISTRATION/QUALIFICATION**

☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

**Examiner's Initials**

ARTICLES OF INCORPORATION  
OF

JL Medical Supplies Inc

06 MAR -9 PM 1:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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  
CORPORATION NAME

The corporation's name shall be: JL Medical Supplies Inc

ARTICLE II  
DURATION

The corporation shall exist perpetually unless dissolved according to Florida Laws.

ARTICLE III  
PURPOSE

The corporation is organized for the purpose of engaging in any activity of business Permitted under the laws of the United States and the State of Florida.

ARTICLE IV  
CAPITAL STOCK

The corporation is authorized to issue one hundred (100) shares of five dollars (\$ 5.00 ) par value Common Stock, which shall be designated as "Common Shares".

ARTICLE V  
PLACE OF BUSINESS

The principal place of business of said corporation shall be:

7230 SW 22 Street  
Miami FL 33155

**ARTICLE VI**  
**NUMBER OF DIRECTORS**

The number of Directors of this corporation, shall be no less than one (1) nor more than fifteen (15).

**ARTICLE VII**  
**BOARD OF DIRECTORS**

The name and addresses of the first Board of Directors of this Corporation who shall hold office initially, are as follows:

NAME Julie Lopez  
ADDRESS 7230 SW 22 Street  
CITY Miami STATE FL ZC 33155

NAME Maximo Rafael Garcia  
ADDRESS 110 N. Fontainebleau Blvd. #302  
CITY Miami STATE FL ZC 33172

**ARTICLE VIII**  
**INCORPORATORS**

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

NAME Julie Lopez TITLE President  
ADDRESS 7230 SW 22 Street  
CITY Miami STATE FL ZC 33155

NAME Maximo R. Garcia TITLE V/P  
ADDRESS 110 N. Fontainebleau Blvd. #302  
CITY Miami STATE FL ZC 33172

IN WITNESS WHEREOF, the undersigned subscriber (s) have executed these Articles of Incorporation, this 8 day of March of 2006

Julie Lopez (Seal)

\_\_\_\_ (Seal)

STATE OF FLORIDA       )  
                                  )     SS  
COUNTY OF DADE       )

Before me, a Notary Public authorized to take acknowledgement in the State and County set for above, personally appeared:

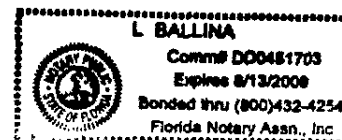
Julie Lopez

Known to me and known to be the person (s) who executed the foregoing Articles of Incorporation, and who acknowledged before me that She executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and county aforesaid, this 8 day of March of 2006.

*L Ballina*

Notary Public  
State of Florida at Large



**CERTIFICATE OF REGISTERED AGENT**

**OF**

J L Medical Supplies Inc

06 MAR -9 PM 1:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted,  
in compliance with said Act:

**FIRST:** That J L Medical Supplies Inc desiring to  
organize under the laws of the State of Florida with its principal office as indicated  
in the articles of incorporation at the City of Miami, County of Dade State  
of Florida, has named:

Mr/Ms Julie Lopez  
Located at 7230 SW 22 Street  
City of Miami County of Dade  
State of FL

At its 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