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Florida Department of State
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To:

Division of Corporations
Fax Number : (850)205-0381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

FLORIDA PROFIT/NON PROFIT CORPORATION

metropolitan medical supply inc.

Certificate of Status	0
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Help

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Articles of Incorporation

Hollywood Mb14

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

06 MAR 24 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLE I NAME**

The name of the corporation shall be:

Metropolitan Medical Supply Inc.

ARTICLE II PRINCIPAL OFFICE

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

6363 TAFT ST Suite #310
Hollywood, FL 33024**ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
The number shares which this corporation shall have the authority to issue is 100 shares of common stock NO PAR VALUE. Each share shall have equal rights to each other share with respect to dividends voting and in liquidation.

ARTICLE IV INITIAL REGISTERED AGENT & STREET ADDRESS

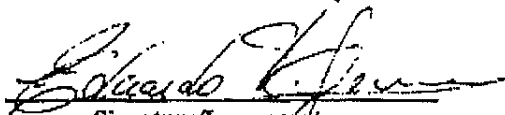
The name and Florida street address of the initial registered agent are:

EDUARDO GARCIA
8910 COLLINS AVE #5
SURF SIDE, FLORIDA 33154**ARTICLE V INCORPORATOR**

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

EDUARDO GARCIA
6363 TAFT ST Suite #310
Hollywood, FL 33141**ARTICLE VI OFFICERS AND DIRECTORS**

EDUARDO GARCIA PRESIDENT


Signature/Incorporator

2/22/06
Date

(An additional article must be added if an effective date is requested.)

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


Signature/Registered Agent

2/22/06
Date

Hollywood Mb14