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DIVISION OF CORPORATION

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

1. AG MEDICAL SUPPLIES CORPORATE, INC.  
(Corporation Name) (Document #)

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

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

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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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 31, 2006

LAZARUS

SUBJECT: AG MEDICAL SUPPLIES CORPORATE, INC.  
Ref. Number: W06000015532

We have received your document for AG MEDICAL SUPPLIES CORPORATE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Cynthia Blalock  
Document Specialist  
New Filing Section

Letter Number: 306A00022092

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06 MAY -9 PM 2:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**  
**OF**  
**AG MEDICAL SUPPLIES AND EQUIPMENTS, CORP.**

*THE UNDERSIGNED* incorporated hereby makes, subscribes, acknowledges and files with the Department of State this corporation for profit in accordance with the law of the State of Florida.

**ARTICLE I**  
**NAME OF CORPORATION**

The name of the corporation shall be:

**AG MEDICAL SUPPLIES AND EQUIPMENTS, CORP.**

**ARTICLE II**  
**NATURE OF BUSINESS**

The general nature of the business to be transacted by the Corporation shall be to engage in any lawful act permitted under the laws of the United States of America and of the State of Florida, as limited by the provisions of the Florida Corporation Act.

**ARTICLE III**  
**CAPITAL STOCK**

The maximum number of shares of capital stock authorized to be issue by this corporation should be **ONE HUNDRED SHARES** of common stock with no par value.

Each of said shares of stock should entitle the holder to on vote at any meeting of the stockholders. All or any part of said capital stock might be paid in cash, in property (other than stock securities) or in labor or services at a fair valuation to be fixed by the incorporator. All stock, when issued, shall be fully paid for and shall be non-assessable.

**ARTICLE IV**  
**INITIAL CAPITAL**

The amount of capital with which this corporation shall begin business shall be no less than **FIVE HUNDRED DOLLARS (\$ 500.00)**.

**ARTICLE V**  
**TERM OF EXISTENCE**

This corporation shall have perpetual existence.

**ARTICLE VI**  
**PRINCIPLE OFFICE**

The following shall be the street and principal office of this corporation, but this corporation shall have the power to move the principal office to any other address in the State of

*Florida, and to establish branch offices in their places of business at such other places within or without the State of Florida that may be deemed expedient:*

**48 EAST 5<sup>TH</sup> STREET HIALEAH, FL 33010**

**ARTICLE VII  
BOARD OF DIRECTORS**

*This corporation shall have not less than one director initially. The number of director may be increased or diminished from time to time, by the By-laws adopted by the stockholders. The name and street address of the member of the first Board of Director is:*

**JORGE ESCALANTE**  
**President & Secretary**

**55 West 16<sup>th</sup> Street**  
**Hialeah, FL 33010**

**ARTICLE VIII  
SUBSCRIBERS**

*The name and address of the subscriber of these Articles of Incorporation, and the number of shares of stock, which they agree to take, are:*

**JORGE ESCALANTE**  
**100 SHARES**

**55 West 16<sup>th</sup> Street**  
**Miami, FL. 33010**

**ARTICLE IX  
REGISTER AGENT**

Register Agent: **JORGE ESCALANTE**  
**55 West 16<sup>th</sup> Street**  
**Hialeah, FL 33010**

**ARTICLE X  
AMENDMENT**

*These articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the stockholders, and approved at the stockholder's meeting by a majority of the stock entitled to vote thereon, unless all the directors and all the stockholders sign a written statement manifesting their intention that a certain amendment of theses Articles of Incorporation be made.*

**IN WITNESS WHEREOF,** *the undersigned has hereunto set their hands and seal this 3<sup>rd</sup> day of May, 2006.*

  
**JORGE ESCALANTE**

**STATE OF FLORIDA  
COUNTY OF DADE**

**I HEREBY CERTIFY** that on this day, before me, a Notary Public duly authorized in the State and County named above to take acknowledgments, personally appeared **JORGE ESCALANTE** known to be the person described as subscriber in and who executed the foregoing Articles of Incorporation, and acknowledged before me that they subscribed to those Articles of Incorporation.

**IN WITNESS THEREOF**, I have hereunto set my hand and seal,  
This 3<sup>rd</sup> day of May, 2006.

**Notary Public  
Personally Known**

**CERTIFICATE DESIGNATING PLACE OF  
BUSINESS OR DOMICILE FOR THE SERVICE  
OF PROCESS WITHIN THIS STATE, NAMING  
AGENT UPON WHOM PROCESS MAY BE VERIFIED**

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

That **AG MEDICAL SUPPLIES AND EQUIPMENTS, CORP.**, desiring to organize under the laws of the State of Florida, with its principal office at **48 East 5<sup>th</sup> Street Hialeah, FL 33010**, County of Miami-Dade, has named **JORGE ESCALANTE** as its agent service of process within this State.


**ACKNOWLEDGMENT:**

Having been named to accept service of process for the above stated people, at the place designated in this Certificate, the undersigned hereby agrees to act in this capacity and agrees to comply with the provisions of said Act relative to keeping open said office.



**JORGE ESCALANTE**

Sworn and subscribed before me  
This 3<sup>rd</sup> day of May 2006.

  
Notary Public - State of Florida