# 6000013540

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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|   |

Office Use Only

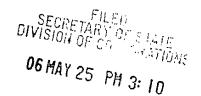


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# LAZARUS CORPORATE FILING SERVICE

| 3320 SW 87'" AVENUE              |   |                        |
|----------------------------------|---|------------------------|
| MIAMI, FL 33165 (305) 552-597    | 73                                      |                        |
|                                  | · • • • • • • • • • • • • • • • • • • • | Office Use Only        |
| CORPORATION NAME(S) & DOCUME     | NT NUMBER(S), (if                       | f known):              |
| FE MEDICAL EQUI                  | PMENT, C                                | ORP.                   |
| (Corporation Name)               | (Document #)                            |                        |
|                                  | and the second                          | • ,                    |
| (Corporation Name)               | (Document #)                            |                        |
|                                  |   |                        |
| . (Corporation Name)             | (5)                                     |                        |
| (Corporation Mame)               | (Document #)                            | ,                      |
|                                  |   | •                      |
| (Corporation Name)               | (Document #)                            |                        |
|                                  | Photocopy                               | Certificate of Status  |
| NEW FILINGS                      | AMENDMENTS                              |                        |
| Profit                           | Amendment                               |                        |
| Not for Profit Limited Liability |   | R.A., Officer/Director |
| Domestication                    | Change of Regis Dissolution/With        |                        |
| Other                            | Merger                                  |                        |
| OTHER FILINGS                    | REGISTRATION/(                          | QUALIFICATION          |
| Annual Report                    | ☐ Foreign                               |                        |
| Fictitious Name                  | Limited Partners                        | ship .                 |
|                                  | Reinstatement                           | -                      |
|                                  | Trademark                               |                        |
|                                  | Other                                   |                        |
| •                                |   | Examiner's Initials    |
| CR2E031(7/97)                    |   | Examiner 3 Initials    |



#### ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

## **ARTICLE I - NAME**

The name of the corporation shall be:

FE MEDICAL EQUIPMENT, CORP.

#### **ARTICLE II - PRINCIPAL OFFICE**

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

3900 NW 79 Ave SUIT 591 MIAMI PL 33166

#### **ARTICLE III - SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

# **ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

NINFA PEREZ 12005 Sw 145H STr. Apt 409 HIAMI FL 33184

#### <u>ARTICLE V - INCORPORATOR</u>

| The name and street address of the incorporator to these Articles of Incorporation is:                                  |
|---|
| NIOFO PEREZ   |
| NINFA PEREZ<br>3900 NW 79 AVE SUIT 591  |
| Miani PL 33166  |
| MiAM: PC 33166  The undersigned incorporator has executed these Articles of Incorporation this 24 day of $HAMD$ , 2006. |
| Want  |
| Signature   |

#### **ARTICLE VI- DIRECTOR (S)**

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

NINFA PEREZ - President

## **CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE**

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

Registered Agent Signature

SECRETARY OF CORPORATE