

P06000098763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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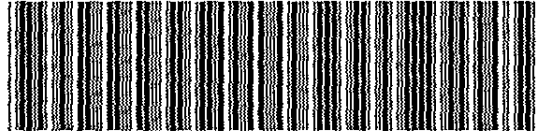
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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07/26/06--01040--002 \*\*35.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
06 JUL 26 AM 8:00

D. Brown JUL 28 2006

## COVER LETTER

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

SUBJECT: \_\_\_\_\_

*FALCON Medical 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: \_\_\_\_\_

*MARIELA HERRERO*

Name (Printed or typed)

*2450 SW 137 AVE # 206*

Address

*Miami, FL 33175*

City, State & Zip

*(786) 587 0600*

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)

FILED  
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DIVISION OF CORPORATIONS  
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**ARTICLE I NAME**

The name of the corporation shall be:

*FALCON Medical Supply, Inc*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

*2450 SW 137 AVE Suite 206  
Miami, FL 33175*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*Medical Supply*

**ARTICLE IV SHARES**

The number of shares of stock is:

*100*

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

*MARIELA HERRERO  
2450 SW 137 AVE SUITE 206  
Miami FL 33175*

**ARTICLE VI REGISTERED AGENT**

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

*MARIELA HERRERO  
2450 SW 137 AVE Suite 206  
Miami, FL 33175*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*MARIELA HERRERO  
2450 SW 137 AVE Suite 206  
Miami, FL 33175*

\*\*\*\*\*

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]*

Signature/Registered Agent

*7/19/2006*

Date

*[Signature]*

Signature/Incorporator

*7/19/2006*

Date