

PO6000106160

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

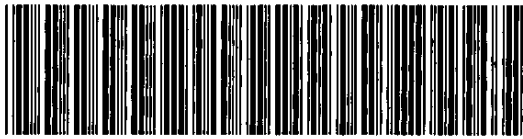
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 AUG 14 AM 10:31

COVER LETTER

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

SUBJECT: Pinacle Medical Supplies, 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: Leida Carrillo
Name (Printed or typed)

15120 S.W 168th Street
Address

Miami, Florida 33187
City, State & Zip

(305) 710-4327
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)

ARTICLE I NAME

The name of the corporation shall be:

Pinacle Medical Supplies, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6501 NW 36th Street, Suite 385

Miami, Florida 33166

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Supplies

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):

Leida Carrillo, 15120 S.W. 168th Street, Miami, Florida 33187, President

ARTICLE VI REGISTERED AGENT

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

Juliet Fernandez

6501 NW 36th Street, Suite 385

Miami, Florida 33187

ARTICLE VII INCORPORATOR

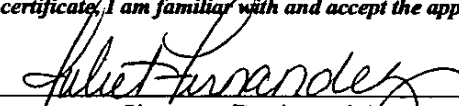
The name and address of the Incorporator is:

Leida Carrillo

15120 SW 168th Street

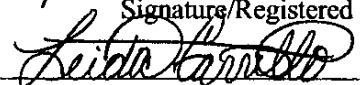
Miami, Florida 33187

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/Registered Agent

8/10/2006
Date



Signature/Incorporator

8/10/06
Date

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DIVISION OF CORPORATIONS
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