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MIAMI, FL 33165 (305) 552-5973 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy Walk in Pick up time _ ☐ Mail out Will wait Certificate of Status Photocopy **NEW FILINGS AMENDMENTS** Profit Amendment Resignation of R.A., Officer/Director Not for Profit Limited Liability Change of Registered Agent Dissolution/Withdrawal Domestication Other Merger **OTHER FILINGS** REGISTRATION/QUALIFICATION Annual Report Foreign ☐ Fictitious Name Limited Partnership Reinstatement Trademark Other **Examiner's Initials** CR2E031(7/97)



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:

EED Medical EQUIPMENT INC.

ARTICLE II - PRINCIPAL OFFICE

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

125815W 134 CT Suy 104. miami, FL 33186.

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:

Elsa TORRES.

341 SW 90 CT.

miami JFL 33174

ARTICLE V - INCORPORATOR

The name and street address of the incommon incorporation is: Elsa torres	5415W 90ct miami
The undersigned incorporator has execulncorporation this day of	145545W 11557 miami, FL ted these Articles of 2006.
Signature	

ARTICLE VI- DIRECTOR (S)

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

Elsa to RRES - President 50 %

Deborah Calderon - Vice-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 Agent.

Registered Agent Signature