

P06000122045

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

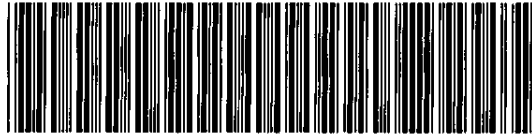
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

[Handwritten Signature]



500079569285

09/21/06--01005--003 **157.50

FILED

06 SEP 21 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2006 SEP 21 AM 10:15

NOT REQUIRED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

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

1. O & J MEDICAL EQUIPMENT, INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☒ Pick up time _____ ☒ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

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:

O E J Medical Equipment, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

14050 SW 84 St. Suite 205
Miami, FL 33183

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Supplies and Equipment

ARTICLE IV SHARES

The number of shares of stock is:

0.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Orledo Perdomo (P/D)
10720 SW 52 Terr.
Miami, FL 33165

ARTICLE VI REGISTERED AGENT

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

Orledo Perdomo
10720 Southwest 52nd Terrance
Miami, FL 33165

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Orledo Perdomo
10720 SW 52 Terr.
Miami, FL 33165

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

(X)

Signature/Registered Agent

(X)

Signature/Incorporator

9/20/06

Date

9/20/06

Date

FILED
06 SEP 21 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA