

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000234255 3)))



H060002342553ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 205-0381

From:

Account Name : BERRIZ & GIRALDO F.A.

Account Number : Il9990000017 Phone : (305)485-9300

Fax Number : (305) 485-1098

FLORIDA PROFIT/NON PROFIT CORPORATION

M.J.N MEDICAL SUPPLY, INC.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

PAGE 02

FILED

06 SEP 22 AM 11: 02

SECHETARY OF STATE ALLAHASSEE ELOPIDA

ARTICLES OF INCORPORATION

OF

M.J.N MEDICAL SUPPLY, INC.

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, dutles and obligations of the undersigned as incorporate, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

M.J.N MEDICAL SUPPLY, INC.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers: To have perpetual succession by its corporate

name:

M.J.N MEDICAL SUPPLY, INC.

BERRIZ & GIRALDO P.A. 4080 SW 84 AVENUE SUITE C MIAMI, FL 33155 PH.: (305) 485-9300 H06 000 234 2553.

406 000 234 2553

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of \$10.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

MADELIN VALDES 7735 NW 64 ST BAY # 2 MIAMI, FL. 33166

The principal office shall be:

7735 NW 64 ST BAY # 2 MIAMI, FL. 33166

HO6 000 2342553

HOGO00 234 2553.

The initial Board of Directors shall consist of a total of **ONE(01)** person, and the name and address of the person who is to serve as an initial director is:

MADELIN VALDES 7735 NW 64 ST BAY # 2 MIAMI, FL. 33166 **PRESIDENT**

The name and address of the incorporator executing these Articles of Incorporation is

MADELIN VALDES 7735 NW 64 ST BAY # 2 MIAMI, FL. 33166

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this 20 SEPTEMBER 2006.

MADELIN VALDES

HO6 000 234 2553.

HO6 000 234 255 3.

06 SEP 22 AM 11: 02

CERTIFICATE OF DESIGNATION
REGISTERED AGENT / REGISTERED OFFICE

SECTIONAL OF STATE TALLAHASSEE, FLORIDA

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, Submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The Name of the corporation is:

M.J.N MEDICAL SUPPLY, INC.

2. The Name and Address of the registered agent and office is

MADELIN VALDES 7735 NW 64 ST BAY # 2 MIAMI, FL. 33166

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE 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 RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES. AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

Dated: SEPTEMBER 20, 2006.

HOW DOD 234 2553