

Division of Corporations
P 06000/27854
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.

((H06000245005 3)))



H060002450053ABOW

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 : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305) 444-4994
Fax Number : (305) 444-4977

FILED
2006 OCT -5 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION

BETTER LIVING MEDICAL EQUIPMENT, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

T. Burch Oct 16 2006

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION ((H06000245005)))

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

BETTER LIVING MEDICAL EQUIPMENT, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

13004 SW 133RD CT
MIAMI FL 33186

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

SHARES: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MARIA DEL CARMEN DIAZ - PRESIDENT
13004 SW 133RD CT
MIAMI FL 33186

ARTICLE VI REGISTERED AGENT

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


MARIA DEL CARMEN DIAZ
13004 SW 133RD CT
MIAMI FL 33186


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MARIA DEL CARMEN DIAZ
13004 SW 133RD CT
MIAMI FL 33186

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


Signature/Incorporator

OCTOBER 5TH 2006

Date

OCTOBER 5TH 2006

Date

FILED
2006 OCT -5 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA