

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 205-0381

From:
Account Name : XIOMARA LEE, P.A.
Account Number : 120040000008
Phone : (305) 262-2323
Fax Number : (305) 262-2324

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06 NOV 16 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION**LEMA MEDICAL EQUIPMENT CORP.**

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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:
LEMA MEDICAL EQUIPMENT CORP.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:
12934 SW 133RD CT SUITE C
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:
100

ARTICLE V INTIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
DUNIEL TEJEDA (PRESIDENT/DIRECTOR)
12934 SW 133RD CT SUITE C
MIAMI, FL 33186

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:
DUNIEL TEJEDA
12934 SW 133RD CT SUITE C
MIAMI, FL 33186

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
DUNIEL TEJEDA
12934 SW 133RD CT SUITE C
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

x 

Signature/Registered Agent

11/16/2006

Date

x 

Signature/Incorporator

11/16/2006

Date

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