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Division of Corporations

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To:

Division of Corporations  
Fax Number : (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**NEW HOPE MEDICAL EQUIPMENT, INC**

Certificate of Status	0
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**ARTICLES OF INCORPORATION**  
**OF**

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

**ARTICLE I NAME**

The name of the corporation shall be:  
NEW HOPE MEDICAL EQUIPMENT, INC

The principal place of business of this corporation shall be:  
1920 East 4th Avenue  
Hialeah, Florida 33010

**ARTICLE II NATURE OF BUSINESS**

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

**ARTICLE III CAPITAL STOCK**

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is:  
1000 Shares @ 1.00/Par Value

**ARTICLE IV TERM OF EXISTENCE**

This corporation is to exist perpetually.

**ARTICLE V OFFICERS DIRECTORS**

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is (are):

MARIA C. DEVESA - PRESIDENT 50% Shares  
ISABEL MEDINA - VICE PRESIDENT 50% Shares

Both Officers: 1920 East 4th Avenue  
Hialeah, Florida 33010

**ARTICLE VI INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

MARIA C. DEVESA  
ISABEL MEDINA

1920 East 4th Avenue  
Hialeah, Florida 33010

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have)  
executed these Articles of Incorporation this, 8 day  
of December, 2006

Signature(s) of Incorporator (s)

*Maria C. Devesa*

Maria C. Devesa - President

*Isabel Medina*

Isabel Medina - Vice President

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/ REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325, 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:

NEW HOPE MEDICAL EQUIPMENT, INC

2. The name and address of the registered agent and office is :

MARIA C. DEVESA

(P.O. BOX NOT ACCEPTABLE)

1920 East 4th Avenue

Hialeah, Florida 33010

(CITY/STATE/ZIP)

Signature

*Maria C. Devesa*  
Maria C. Devesa

Title

President

Date

12/9/06

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE

*Maria C. Devesa*  
Maria C. Devesa

DATE

12/9/06