

P070000/5141

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

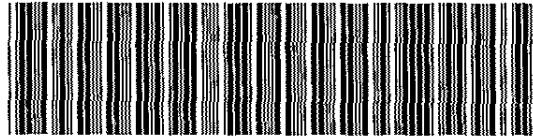
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200083756002

01/23/07--01023--004 **78.75

RECEIVED
07 JAN 23 AM 11:09
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
TALL

FILED
07 FEB -1 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
7/2

W007-3904

**LAZARUS
CORPORATE FILING SERVICE**

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

FILED

07 FEB -1 PM 12:59

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Office Use Only

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

1. MY CHOICE MEDICAL SUPPLY CORP.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time

2.00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

- ☒ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2007 FEB -1 AM 10:48
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

January 24, 2007

LAZARUS

WALK-IN

SUBJECT: MY CHOICE MEDICAL SUPPLY, CORP.
Ref. Number: W07000003909

We have received your document for MY CHOICE MEDICAL SUPPLY, CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have Adrian Noya listed as the registered agent and the incorporator. The two signatures are not the same.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap
Regulatory Specialist
New Filing Section

Letter Number: 907A00005662

FILED

07 FEB -1 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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

ARTICLE I - NAME

The name of the corporation shall be: **ADRIAN NOYA CORP.**

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

**7440 Byron Ave 1-B
Miami Beach FL 33141**

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100.

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**ADRIAN NOYA
7440 Byron Ave 1-B Miami Beach FL 33141**

FILED

07 FEB -1 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

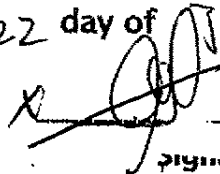
ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

7440 BYRON AVE 1-B Miami Beach FL 33141

ADRIAN NOYA

The undersigned incorporator has executed these Articles of Incorporation this 22 day of January 2007.


Signature

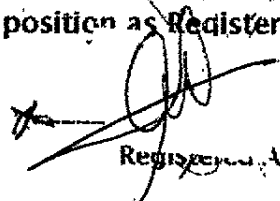
ARTICLE VI - DIRECTOR(S)

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

ADRIAN NOYA - President

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.


Registered Agent Signature