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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

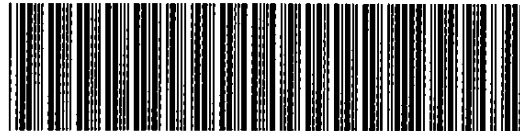
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
07 FEB 15 AM 10:42 2007 FEB 15 AM 11:28  
TALLA HUSTON STATE  
SEC. OF STATE  
FORWARDED  
TO AGENCY  
FOR ADEQUATE  
SUFFICIENCY OF FILING

10:00 AM FEB 16 2007

**LAZARUS  
CORPORATE FILING SERVICE**

**3320 SW 87<sup>TH</sup> AVENUE**

**MIAMI, FL 33165 (305) 552-5973**

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

1. SUCCESS MEDICAL SUPPLY INC.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☐ Mail out

☒ Pick up time

☐ Will wait

2.00

☐ Photocopy

☒ Certified Copy

☐ Certificate of Status

**NEW FILINGS**

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

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**AMENDMENTS**

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

**REGISTRATION/QUALIFICATION**

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

Examiner's Initials

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7 FEB 15 AM 10:49  
STATE  
OFFICE  
TALLAHASSEE, FLORIDA

## 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:

Success Medical Supply, Inc.

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

15315 N.W. 60 Ave. - Suite D - Miami Lakes, FL 33014

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

For Profit

### **ARTICLE IV SHARES**

The number of shares of stock is:

100

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Raul Rafael de la Vega - President, VP, Tres, Scty

### **ARTICLE VI REGISTERED AGENT**

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

Raul Rafael de la Vega - 15315 N.W. 60 Ave. - Suite D - Miami Lakes, FI 33014

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Raul Rafael de la Vega - 15315 N.W. 60 Ave. - Suite D - Miami Lakes, FI 33014

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\*\*\*\*\*

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

Date

Date