

P07000022002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

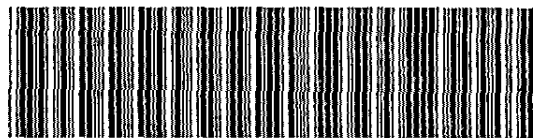
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 FEB 16 PM 2:34

FILED

T. Burch FEB 19 2007

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: ONIX MEDICAL INTERNATIONAL CORP
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: HAROLD FREEMAN
Name (Printed or typed)

7651 SW 103rd PLACE
Address

MIAMI FL 33173
City, State & Zip

305 431 1803
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

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:

ONIX MEDICAL INTERNATIONAL CORP

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

7651 SW 103 PLACE
MIAMI FL 33173

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

BUY + SELL MEDICAL EQUIPMENT & SUPPLIES.

ARTICLE IV SHARES

The number of shares of stock is:

FIVE HUNDRED SHARES (500) OF ONE DOLLAR(S) (\$1.00) PER
VOLUME COMMON STOCK WHICH SHALL BE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

HAROLD FREEMAN 7651 SW 103 PLACE
MIAMI FL 33173

ARTICLE VI REGISTERED AGENT

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

HAROLD FREEMAN 7651 SW 103 PLACE
MIAMI FL 33173

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

HAROLD FREEMAN 7651 SW 103 PLACE
MIAMI FL 33173

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

2/13/07

Date

2/13/07

Date

FILED
2007 FEB 16 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA