

P07000054774

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H07000124485 3)))



H070001244853ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : BERRIZ & GIRALDO P.A.
Account Number : I19990000017
Phone : (305)485-9300
Fax Number : (305)485-1098

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 MAY -7 PM 1:23

FLORIDA PROFIT/NON PROFIT CORPORATION

HOME MEDICAL EQUIPMENT 4 YOU, INC.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

5/8/07

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

NO 7000 1244853 MAY -7 PM 1:23

ARTICLES OF CORPORATION
OF

HOME MEDICAL EQUIPMENT 4 YOU, INC.

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporate, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

HOME MEDICAL EQUIPMENT 4 YOU, INC.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:
To have perpetual succession by its corporate

name:

HOME MEDICAL EQUIPMENT 4 YOU, INC.

CLARA GIRALDO P.A.
4080 SW 84 AVE SUITE C
MIAMI, FL 33155
(305) 485-9300

NO 7000 1244853

107 000 124 4853.

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of \$10.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

**MANUEL DELGADO
2003 NE 38 RD
HOMESTEAD, FL. 33033**

The principal office shall be:

**2003 NE 38 RD
HOMESTEAD, FL. 33033**

107 000 124 4853.

NO 7 000 1244853.

ARTICLE VI

The initial Board of Directors shall consist of a total of **THREE (03)** person, and the name and address of the person who is to serve as an initial director is:

MANUEL DELGADO
2003 NE 38 RD
HOMESTEAD, FL. 33033

PRESIDENT

HUMBERTO OSORIO
2003 NE 38 RD
HOMESTEAD, FL. 33033

VICEPRESIDENT

PATRICIA DELGADO
2003 NE 38 RD
HOMESTEAD, FL. 33033

SECRETARY

The name and address of the incorporator executing these Articles of Incorporation is

MANUEL DELGADO
2003 NE 38 RD
HOMESTEAD, FL. 33033

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this MAY 03, 2007.



MANUEL DELGADO

NO 7 000 1244853.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 MAY -7 PM 1:23

HO70001244853.

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

Pursuant to the provision of sections 607.0501 or 617.0501, 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 is:

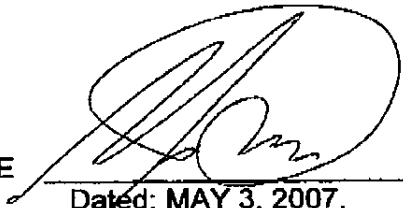
HOME MEDICAL EQUIPMENT 4 YOU, INC.

2. The Name and Address of the registered agent and office is

**MANUEL DELGADO
2003 NE 38 RD
HOMESTEAD, FL. 33033**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE 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 RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES. AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE


Dated: MAY 3, 2007.

HO70001244853.