

PD7000067509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

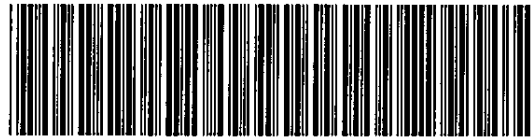
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200103974442

06/07/07--01026--008 \*\*78.75

2001 JUN -1 P 2:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

D. WHITE JUN -8 2002

## COVER LETTER

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

SUBJECT: LAKSHMI MED 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: LUIS HUMBERTO AQUINO

Name (Printed or typed)

7725 S. W. 86 ST. A1-114

Address

MIAMI, FL 33143

City, State & Zip

305-469-6479

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:

LAKSHMI MED CORP.

FILED

2007 JUN -7 P 2: 23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

7725 S.W. 86 ST. A1-114, MIAMI, FL 33143

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO DISTRIBUTE MEDICAL DISPOSABLE SUPPLIES

## 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):

LUIS HUMBERTO AQUINO, PRESIDENT

PABLO GIL, VICE-PRESIDENT

GIUSEPPE SCHIFFINO, TREASURY

## ARTICLE VI REGISTERED AGENT

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

LUIS HUMBERTO AQUINO

7725 S.W. 86 ST. A1-114

MIAMI, FL 33143

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

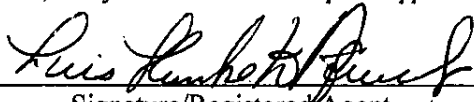
LUIS HUMBERTO AQUINO

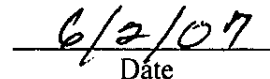
7725 S.W. 86 ST. A1-114

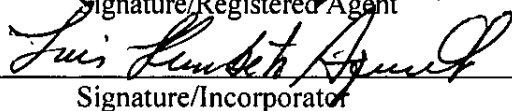
MIAMI, FL 33143

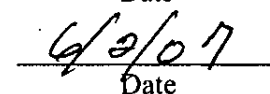
\*\*\*\*\*

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

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date