

P07000069985

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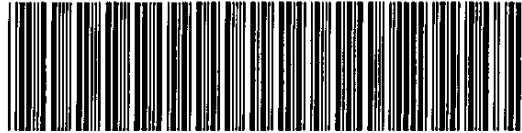
(Business Entity Name)

(Document Number)

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04/06/07--01012--010 **78.75

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2007 JUN 15 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

107-17235

COVER LETTER

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

SUBJECT: Technology Medical Equipment 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: Xiomara Pazos
Name (Printed or typed)

P.O. Box 661193
Address

Miami Springs, Florida 33266
City, State & Zip

305-884-1756
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 9, 2007

XIOMARA PAZOS
P O BOX 661193
MIAMI SPRINGS, FL 33266

SUBJECT: TECHNOLOGY MEDICAL EQUIPMENT CORP.
Ref. Number: W07000017235

We have received your document for TECHNOLOGY MEDICAL EQUIPMENT 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):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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) 245-6855.

Tammy Hampton
Document Specialist
New Filing Section

Letter Number: 507A00023830



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 21, 2007

XIOMARA PAZOS
P O BOX 661193
MIAMI, FL 33266

SUBJECT: TECHNOLOGY MEDICAL EQUIPMENT, CORP.
Ref. Number: W07000017235

RECEIVED
07 JUN 15 AM 9:56
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for TECHNOLOGY MEDICAL EQUIPMENT, 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 must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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) 245-6855.

Tammy Hampton
Document Specialist
New Filing Section

Letter Number: 107A00035277

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

2007 JUN 15 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Technology Medical Equipment, Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

7550 N.W. 82 Street Medley, Florida 33166

Mailing address: P.O. Box 661193 Miami Springs, FL 33266

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

DME (Durable Medical Equipment)

ARTICLE IV SHARES

The number of shares of stock is:

One

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Xiomara Pazos P-VP-T-S 7550 N.W. 82 Street Medley, Florida 33166

ARTICLE VI REGISTERED AGENT

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

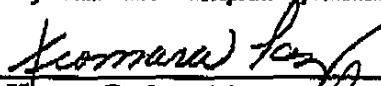
Xiomara Pazos 7550 N.W. 82 Street Medley, Florida 33166

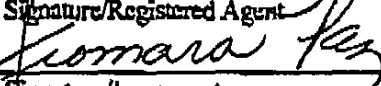
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Xiomara Pazos 7550 N.W. 82 Street Medley, Florida 33166

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

04-17-07

Date
4-17-07

Date