

PO7000121902

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

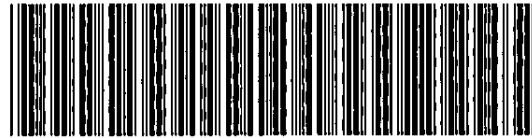
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700112063677

11/08/07--01005--014 \*\*157.50

FILED  
07 NOV -8 PM 12:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2007 NOV -8 AM 10:35  
NOTED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

KS

11/21/07

ECTS

FILED

07 NOV -8 PM 12:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EXPRESS CORPORATE FILING SERVICE, INC  
1000 PONCE DE LEON BLVD., STE: 101  
CORAL GABLES, FL 33134  
PH: (305)444-4994 FAX: (305)444-4977

OFFICE USE ONLY

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

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

☐ Walk in

☒ Pick up time

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

# **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:

**TONDERO MEDICAL SUPPLY INC.**

## **ARTICLE II      PRINCIPAL OFFICE**

The principal place of business/mailing address is:

**3631 SW 26 TERR**

**MIAMI, FL 33133**

## **ARTICLE III      PURPOSE**

The purpose for which the corporation is organized is:

**ANY AND ALL LAWFUL BUSINESS**

## **ARTICLE IV      SHARES**

The number of shares of stock is:

**SHARES: 100**

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

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

**(PRESIDENT/DIRECTOR)**

**ENRIQUE G. MILLA**

**3631 SW 26 TERR**

**MIAMI, FL 33133**

FILED

07 NOV -8 PM 12: 56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**EFFECTIVE DATE:    JANUARY 01, 2008**

**ARTICLE VI REGISTERED AGENT**

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

ENRIQUE G. MILLA  
3631 SW 26 TERR  
MIAMI, FL 33133

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

ENRIQUE G. MILLA  
3631 SW 26 TERR  
MIAMI, FL 33133

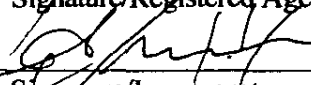
\*\*\*\*\*

*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

11-07-07

\_\_\_\_\_  
Date

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

11-07-07

\_\_\_\_\_  
Date

FILED  
07 NOV -8 PM 12:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA