

**P08000006708**

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.**

(((H08000014099 3)))



H080000140983ABC+

**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) 617-6381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.  
Account Number : I20000000257  
Phone : (850) 224-8870  
Fax Number : (850) 224-7047

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 JAN 17 PM 12:01

**FILED**

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**CARIBBEAN HEALTH CARE PRODUCTS, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

1118  
1/17/2008

**ARTICLES OF INCORPORATION  
OF  
CARIBBEAN HEALTH CARE PRODUCTS, INC.**

**FILED**  
08 JAN 17 PM 12:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

**ARTICLE I: NAME**

The name of the corporation is **CARIBBEAN HEALTH CARE PRODUCTS, INC.**

**ARTICLE II: PRINCIPAL OFFICE**

The principal place of business and mailing address of the corporation is **711 N.E. 87<sup>th</sup> Street, Miami Shores, FL 33138.**

**ARTICLE III: CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one thousand (1,000) shares having a par value of (\$1.00) per share.

#### **ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is **Melvyn Trute, 1090 Kane Concourse, Bay Harbor Islands, FL 33154.**

#### **ARTICLE V: OFFICERS & DIRECTORS**

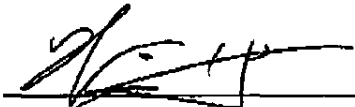
The name and address of the initial Director of the corporation is:  
**Robert S. Fox, Director, 711 N.E. 87<sup>th</sup> Street, Miami Shores, FL 33138**

#### **ARTICLE VI: INCORPORATOR**

The name and address of the incorporator of these Articles of Incorporation is **Your Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL. 32301.**

The undersigned has executed these Articles of Incorporation this 17<sup>th</sup> day of January 2008.

"Your Capital Connection, Inc. by, Weimar Lopez, Client Representative"

  
\_\_\_\_\_

H08000014099 3

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

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned 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: CARIBBEAN HEALTH CARE PRODUCTS, Inc.

2. The name and street address of the registered agent and office is: MELVYN TRUTE  
1090 RONE CONCOURSE  
BAY HARBOR ISLANDS, FLA. 33154

HAVE 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.

Melvyn Trute

**FILED**  
08 JAN 17 PM 12:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H08000014099 3