

## 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.

(((H080000797263)))



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

Division of Corporations

fax Number : (850)617-6381

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516) 935-3940

Fax Number : (516) 935-3088

## FLORIDA PROFIT/NON PROFIT CORPORATION

Accredited Medical Equipment Providers of America, Inc.

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

Electronic Filing Menu

Corporate Filing Menu

Help

H08000079726

#### ARTICLES OF INCORPORATION

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

#### ARTICLE I NAME

The name of the corporation shall be:

## Accredited Medical Equipment Providers of America, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

Accredited Medical Equipment Providers of America, Inc.

20815 NE 16th Avenue - Suite B-32 Mismi, FL 33179

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,500 Shares at No Par Value

8 WM 28 PM 2: 30

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent is:

Javier Talamo 7600 W. 20th Avenue Hialeah, FL 33016

Prepared By: Bruce 8. Hubbard 77 East John St. Hicksville, New York 11801 1-516-935-3940

H08000079726

## ARTICLES V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

Robert E. Brant - 20815 NE 16th Avenue - #B34, Miami, FL 33179- President/Director Jack A. Marquez - 2351 NW 93rd Avenue, Miami, FL 33172- Vice President/Director Jeff Rittenberg - 15455 W. Dixie Hwy., Suite D, North Miami Beach, FL 33162 - Treasurer/Director

### ARTICLES VI INCORPORATOR(S)

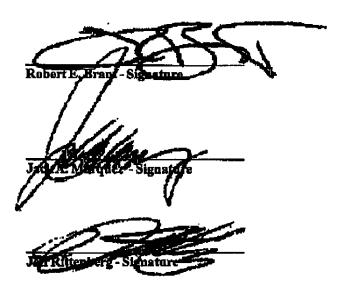
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Robert E. Brant - 20815 NE 16th Avenue -#B34, Miami, FL 33179 Jack A. Marquez - 2351 NW 93rd Avenue, Miami, FL 33172 Jeff Rittenberg - 15455 W. Dixie Hwy., Suite D, North Miami Beach, FL 33162

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

27th day of March 2008

WALCHARS PROPERTY OF THE PARTY OF THE PARTY



H08000079726

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:	Accredited Medical Equipment Providers of Ar	nerica, Inc.
2. The name and address of the register	red agent and office is:	THE THE PLANT OF THE PARTY OF T
	Javier Talamo	الم المراجعة
	Name	
	7600 W. 20th Avenue	
	(P.O. Box or Mail Drop Box NOT Acceptable)	**************************************
	Hisleah, FL 33016 (City / State / Zip)	

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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

Javier Talamo SIGNATURE March 27, 2008

(Date)