

P080000060972

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.

((H08000156788 3)))



H080001567883ABCA

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 : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

FLORIDA PROFIT/NON PROFIT CORPORATION

south florida medical supply, inc.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED
08 JUN 23 PM 1:15
DIVISION OF CORPORATION

6/20/2008 3:54 PM



June 23, 2008

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EMPIRE

SUBJECT: SOUTH FLORIDA MEDICAL SUPPLY, INC.
REF: W08000030140

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P98000031086.

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.

The registered agent must have a Florida street address. A post office box is not acceptable.

If you have any further questions concerning your document, please call (850) 245-6928.

Tim Burch
Regulatory Specialist III
New Filing Section

FAX Aud. #: H08000156788
Letter Number: 608A00037844

P.O BOX 6327 - Tallahassee, Florida 32314

H08000156788

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:

Gables Medical Supplies Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

Yarelis Gutierrez

1717 N. Bayshore Dr. PHD 3951 Miami, FL 33127

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The corporation may engage in or transact any or all activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Yarelis Gutierrez

P.O. Box 226474 Miami, FL 33122

ARTICLE VI REGISTERED AGENT

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

Yarelis Gutierrez

1717 N. Bayshore Dr. PHD 3951 Miami, FL 33132

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Yarelis Gutierrez

1717 N. Bayshore Dr PHD 3951 Miami, FL 33132

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

Y. Gutierrez

Signature/Registered Agent/Incorporator

6/20/08

Date

H08000156788