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COVER LETTER

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

SUBJECT:	HEALTH PLUS EQUIPMENT, INC. (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)		
Enclosed are an orig	inal and one (1) copy of the artic	cles 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 CO	PY REQUIRED
FROM:	ALEJANDRA L. MARTINELLI Name (Printed or typed)		
	5750 COLLINS AVENUE, APT. 8H		
	Address		
	MIAMI BEACH, FL 33140 City, State & Zip		
	Cny, t	state & Esp	
	Daytime Telephone number		
	E-mail address: (to be used	for future annual report r	notification)

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

<u>ARTICLES OF INCORPORATION</u>

<u>OF</u>

HEALTH PLUS EQUIPMENT, INC.



ARTICLE I: NAME

The name of the corporation shall be: HEALTH PLUS EQUIPMENT, INC.

ARTICLE II: PRINCIPAL OFFICE

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

5750 Collins Avenue, Apartment No. 8H, Miami Beach, Florida 33140

ARTICLE III: PURPOSE

To conduct and transact any and all lawful business in the United States and abroad.

ARTICLE IV: SHARES

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

ONE THOUSAND (1,000) shares of US\$1.00 par value each

ARTICLE V: INITIAL REGISTERED AGENT AND STREET ADDRESS

The <u>name and Florida Street Address</u> of the initial registered agent is:

Alejandra L. Martinelli

5750 Collins Avenue, Apartment No. 8H

Miami Beach, Florida 33140

ARTICLE VI: INITIAL BOARD OF DIRECTORS AND OFFICERS

The corporation shall initially have one (1) Director/Officer to hold office until the first annual meeting of stockholders or Directors, respectively, and her successor shall have been duly elected and qualified, or until her earlier resignation, removal from office or death.

The number of Directors may increase or decrease in accordance with the procedure stated in the By-Laws of the corporation. The number of Officers may also increase or decrease in accordance with the procedure stated in the By-Laws of the corporation.

The name and address of the initial Director is:

Alejandra L. Martinelli:

5750 Collins Avenue, Apt. No. 8H, Miami Beach, Florida 33140

The name of the initial Officer is:

Alejandra L. Martinelli:

P, VP, S and T

ARTICLE V: INCORPORATOR

The <u>name and address</u> of the incorporator of these Articles of Incorporation is:

Alejandra L. Martinelli

5750 Collins Avenue, Apartment No. 8H

Miami Beach, Florida 33140

Signature of Incorporator

Date: July 10, 2009

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 of Registered Agent

Date: July 10, 2009