# P0900082834

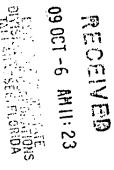
(Requestor's Name)		
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(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Cadification of Status		
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SECRETARY OF STATE

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# **LAZARUS**

# **CORPORATE FILING SERVICE**

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

, 12711 127 1 2 2 2 2 2 3 2 7	
	Office Use Only
CORPORATION NAME(S) & DOC	UMENT NUMBER(S), (if known):
1. JMNV SUPRIM (Corporation Name)	ENTOS MEDICO-HOSPITALARES
(Corporation Name)	(Document #)
2 LTDA INC	
(Corporation Name)	(Document #)
3	
(Corporation Name)	(Document #)
4	
(Corporation Name)	(Document #)
Walk in Pick up time	2.00 Certified Copy
Mail out Will wait	Photocopy
NEW FILINGS	<u>AMENDMENTS</u>
Profit	Amendment
Not for Profit Limited Liability	Resignation of R.A., Officer/Director Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report	Foreign
Fictitious Name	Limited Partnership
	Reinstatement Trademark
	Other
CR2E031(7/97)	Examiner's Initials

#### ARTICLES OF CORPORATION

The undersigned incorporate(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:

## JMNV SUPRIMENTOS MEDICO-HOSPITALARES LTDA INC

#### <u>ARTICLE II</u>

#### PRINCIPAL OFFICE

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

#### 6316 NW 99th AVE SUITE # 2 **DORAL FL 33178**

# **ARTICLE III**

## **SHARES**

The number of shares, which the corporation is authorized to issue and have outstanding at any time, is 100,000 shares of common stock, and which common stock shall have a par of \$1.00 (one dollar) per share. All stock is to be issued fully paid and exempt from assessment.

#### ARTICLE IV

#### INITIAL REGISTERED AGENT AND STREET ADDRESS

In pursuance of Chapter 607.34 Florida Statutes, the following is submitted, in compliance with said:

First That JMNV SUPRIMENTOS MEDICO-HOSPITALARES LTDA INC. Desiring to organize under the laws of the State Florida with its principal office as indicated in the articles of incorporation at City of MIAMI County of MIAMI-DADE State of Florida had name LUCIANO C. CAMPOS of 6316 NW 99th AVE SUITE # 2 DORAL FL 33178 agent to accept service of process within this state. Having been named to accept service of process for the above state corporation, at place designated in this certificate. I hereby accept to act in this capacity, and agree to comply with the provisions of said Act relative to keeping open said office.





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SECRETARY OF STATE TALLAHASSEE, FLORIDA

# ARTICLE V

# **INCORPORATOR (S)**

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

ROBERTA SOARES FERNANDES

P/D

6316 NW 99th AVE SUITE # 2

DORAL FL 33178

LUCIANO C. CAMPOS

T

6316 NW 99th AVE SUITE # 2

DORAL FL 33178

## DIRECTOR (S)

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

ROBERTA SOARES FERNANDES	99 %	6316 NW 99th AVE SUITE # 2 DORAL FL 33178
LUCIANO C. CAMPOS	1 %	6316 NW 99th AVE SUITE # 2 DORAL FL 33178

The undersigned incorporate(s) has (have) executed these Articles of Incorporation this 29 Day of September 2009

SINATURE