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.

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : EMPIRE CORFORATE KIT COMPANY

Account Number : 072450003255 Phone : (305) 634-3694 Fax Number : (305)633-9696

\*\*Enter the email address for this business entity to be used for furure annual report mailings. Enter only one email address please.\*\*

Email Address:

# FLORIDA PROFIT/NON PROFIT CORPORATION hmd medical supply, inc.

Certificate of Status	0
Certified Copy	1
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COVER LETTER

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

SUBJECT: HMD M	EDICAL SUPPLY, INC.	İ		
	(PROPOSILD CORPORA	TENAME - N	iust inclui	DE SUFFRIX)
Enclosed are an orig	inal and one (1) copy of the arti	cles of incomp	oration and a	ebsek for:
© \$70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status		ed Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status Y REQUIRED
FROM: Glo	ria Roa Bodin, P.A.	<del>/</del> 2	· · · · · · · · · · · · · · · · · · ·	<del></del>
	Name	(Printed or ty	ped)	
265	5 LeJeune Road Suite # 1001			
	A	ddress		
Cor	if Gables, FL 33134			
		State & Zip	<u> </u>	
305-	4421322			
	Daytime Te	lephone numb	oer	
walte	r_Infante@gioriaroabodin.com			
<del></del>	E-mail address: (to be used	for future ann	ual report not	itication)
		}		
	•	Į.		

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

L

H1000000 8261

14.3

#### ARTICLES OF INCORPORTION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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### ARTICLE I NAME

The name of the corporation shall be:

HMD Medical Supply, Inc.

# ARTICLE II PRINCIPAL OFFICE

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

5101 NW 79th Avenue, Suite 8 Doral, FL 33166

FILED
2010 JAN 13 PN 4: 34
SECRETARY OF STATE
ALL AHASSEE, FLORIDA

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all business purposes under the laws of the State of Florida and USA.

#### ARTICLE IV SHARES

The number of shares of stock is:

One thousand shares

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Marino Nardone, President; Zoraida de Nardone, Vice President;

Javier Nardone - Treasurer: Juan Nardone - Secretary.

#### ARTICLE VI REGISTERED AGENT

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

Walter Infante, 2655 LeJeune Road # 1001, Coral Gables, FL 33134

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Signature/Incorporator

Marino Nardone

5101 NW 79th Avenue, Suite 8 Doral, FL 33166 USA

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

O1/12/2010

Signature Registered Agent

O1/12/2010

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Date