

P10000028390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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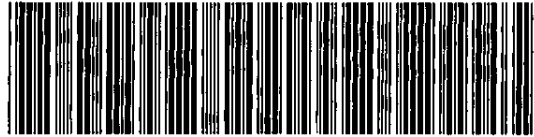
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4-1-10

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COVER LETTER

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

SUBJECT: DOC MEDICAL SUPPLY, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles 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 COPY REQUIRED

FROM: BLANCA L. LOPEZ
Name (Printed or typed).

6351 S.W. 112th PL
Address

MIAMI, FL 33173
City, State & Zip

786-385-1373
Daytime Telephone number

docmedical@comcast.net
E-mail address: (to be used for future annual report notification)

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

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:

DOC MEDICAL SUPPLY, INC.

ARTICLE II PRINCIPAL OFFICE

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

6357 SW 112 PL
MIAMI, FL 33173

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SUPPLY MEDICAL EQUIPMENT TO DOCTOR'S,
NURSES, MEDICAL FACILITY AT WHOLESALE PRICES.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

BLANCA L. LOPEZ, PRESIDENT
JOHANN L. BERENGUER, TREASURER

ARTICLE VI REGISTERED AGENT

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

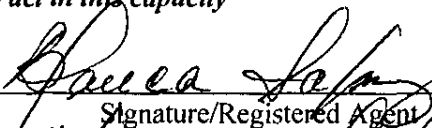
BLANCA L. LOPEZ
6357 SW 112 PL
MIAMI, FL 33173

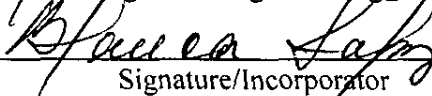
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

BLANCA L. LOPEZ
6357 SW 112 PL
MIAMI, FL 33173

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/Registered Agent


Signature/Incorporator

3/29/10

Date

3/29/10

Date

FILED
MAR 31 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA