

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
ADVANCED HEALTH SUPPLIES, INC

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

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Corporate Filing Menu

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2010 MAY 24 A 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

10 MAY 24 PM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2-52-5

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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:

Advanced Health Supplies, Inc

ARTICLE II PRINCIPAL OFFICE

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

5390 S.W. 76 St.
Miami, Fl. 33143

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Wholesale of Medical Supplies

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):

Salvador 5390 S.W. 76 St. Miami, Fl. President
Cisneros 33143

ARTICLE VI REGISTERED AGENT

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

Andy Martinez CPA
10580 NW 87 St
Doral, FL 33172

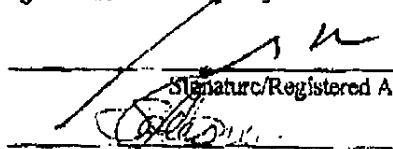
ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Salvador 5390 SW 76 St
Cisneros Miami FL 33143

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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

5/17/10

Date
5/17/10

Date

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