

P10000092873

Page 1 of 1

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.**

(((H10000245848 3)))



H100002458483ABC%

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:  
Division of Corporations  
Fax Number : (850) 617-6381

From:  
Account Name : FASTKIT CORP  
Account Number : I20100000009  
Phone : (305) 599-0839  
Fax Number : (305) 592-9591

2010 NOV 12 PM 1:00

RECEIVED  
DIVISION OF CORPORATIONS

**\*\*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  
J & M SUPPLIES MEDICAL OF AMERICA, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED  
10 NOV 12 AM 9:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu    Corporate Filing Menu

Help

11/15/10

2010 NOV 12 PM 1:00

**ARTICLES OF INCORPORATION  
OF  
J & M SUPPLIES MEDICAL OF AMERICA, INC.**

THE UNDERSIGNED, has executed the following document as incorporator of the above, name corporation organized under the laws of the State of Florida, and all rights, duties and obligations in accordance with the law of the State of Florida.

**ARTICLE I**

The name of this corporation shall be:

**J & M SUPPLIES MEDICAL OF AMERICA, INC.**

The principal place of business shall be: 4995 N.W. 72 Avenue Suite  
#205 Miami, Fl. 33166

**ARTICLE II**

This corporation shall commence existence upon the filing of these Article of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

**ARTICLE III**

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business
- (2) Said corporation shall further have powers:  
To have perpetual succession by it's corporate

Name: **J & M SUPPLIES MEDICAL OF AMERICA, INC.**

#### **ARTICLE IV**

The aggregate number of shares which the corporation shall have authority to issue is the total sum of ( 100 ) shares, having an individual par value of \$10.00.

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

#### **ARTICLE V**

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

JOSE L. SANCHEZ

The principal office shall be

4995 N.W. 72 Avenue Suite #205  
MIAMI FLORIDA, 33166

#### **ARTICLE VI**

The initial Board of Directors shall consist of a total of one (1) person, and the name and address of the persons who is to serve as an initial director is:

(P) JOSE L. SANCHEZ

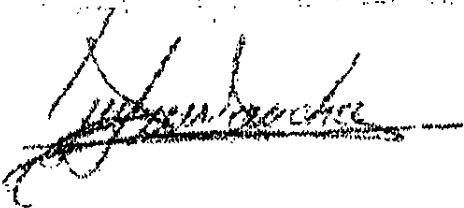
4995 N.W. 72 Avenue Suite #205 Miami, FL 33166

#### **ARTICLE VII**

The name and address of the incorporator executing these Articles of incorporation is:

JOSE L. SANCHEZ  
4995 N.W. 72 Avenue Suite #205  
MIAMI FLORIDA 33166

IN WITNESS WHERE OF, the undersigned incorporator has(ve) executed these Articles of incorporations this day of 11/11/2010

A handwritten signature in dark ink, appearing to read "Jose L. Sanchez", is written over a horizontal line.

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT / REGISTERED OFFICE**

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida. Submitting the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of Corporation is:

**J & M SUPPLIES MEDICAL OF AMERICA, INC.**

2.- The name and address of the registered agent and office is:

JOSE L. SANCHEZ  
4995 N.W 72 AVENUE SUITE #205  
MIAMI, FLORIDA 33166

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES. ANN I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE 

RECEIVED  
STATE DEPT OF HEALTH  
DIVISION OF CORRECTIONS  
2010 NOV 12 PM 1:00