

02/05/2005

Division of Corporations

PAGE 01/04

Page 1 of 2

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : CORPOLICENSE, INC
Account Number : I20050000118
Phone : (305) 774-9606
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address:

germdropainting@gmail.com**FLORIDA PROFIT/NON PROFIT CORPORATION****FLAMINGO MEDICAL SUPPLIES, INC**

Certificate of Status	0
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TALLAHASSEE, FLORIDA

2010 DEC 10 AM 9:36

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers DEC 13 2010

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ARTICLES OF INCORPORATION
of
FLAMINGO MEDICAL SUPPLIES, INC

We, the undersigned, hereby associate ourselves together for the purpose of becoming a corporation under the laws of the State of Florida. Providing for the formation, rights, privileges, immunities, and liabilities of incorporation for profit.

ARTICLE I

The name of the corporation should be:

FLAMINGO MEDICAL SUPPLIES, INC

ARTICLE II

The corporation will engage in any activity or business permitted under the laws of the State of Florida and the United States of America.

ARTICLE III

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

ARTICLE IV

The pledge, sale, transfer or other disposition of the capital stock may be governed and restricted by the by-laws or written agreement among the stockholders that shall be on file in the office of the corporation.

ARTICLE V

The amount of capital with which its corporation may begin doing business shall be not less than five hundred dollars (\$ 500.00).

ARTICLE VI

The existence of the corporation is perpetual.

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ARTICLE VII

The initial address of the principal office of the corporation in the State of Florida is **55 FAIRWAY DRIVE # 2E, MIAMI SPRINGS, FL 33166**. The board of directors may from time to time move the principal office to any other address in the State of Florida.

The registered address of the corporation is **55 FAIRWAY DRIVE # 2E, MIAMI SPRINGS, FL 33166**. Registered agent at the address is **JESUS A. LINARES**.

ARTICLE VIII

The business of the corporation shall be managed by a board of directors consisting of no less than one or more than five directors. A quorum for the holding of a meeting of the board of directors and for the transactions of any business which will be properly done by the directors on behalf of the corporation shall consist of majority of members thereof, but the directors by unanimous consent in writing, included among the minutes of the corporation, may consent to the doing of any act and such consent in writing shall have the same force and effect as though the said act had been done and authorized at a meeting at which a quorum had been present, or such duties may be delegated to an executive committee.

ARTICLE IX

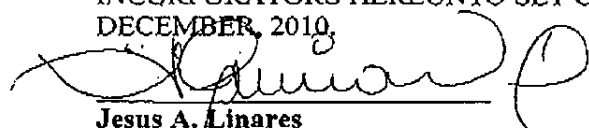
The names and post office of the members of the first board of directors and the slate of corporate officers are as follow

JESUS A. LINARES AS PRESIDENT - SHARES: 50%
JESUS A. LARA AS VICEPRESIDENT - SHARES: 50%

Located at: 55 FAIRWAY DRIVE # 2E, MIAMI SPRINGS, FL 33166

ARTICLE X

THE STOCK OF THE CORPORATION MAY BE ISSUED PURSUANT TO THE PROVISIONS OF SECTION 1244 OF THE INTERNAL REVENUE SERVICE THE BENEFITS PROVIDED THEREUNDER. IN WITNESS WHEREOF, WE THE INCORPORATORS HEREUNTO SET OUR HANDS AND SEALS, THIS 09 DAY OF DECEMBER, 2010.


Jesus A. Linares
55 Fairway Drive # 2E
Miami Springs, FL 33166

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MIAMI SPRINGS, FL 33166

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CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON ITS PROCESS MAY BE SERVED.

Pursuant to the provisions of the section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida. The name of the corporation is **FLAMINGO MEDICAL SUPPLIES, INC.** Desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at the city of **MIAMI SPRINGS**, State of Florida has named **JESUS A. LINARES**, located in **55 FAIRWAY DRIVE # 2E**, in the State of Florida, County of **DADE**.

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, and I am familiar with and accept the obligations of my position as Registered Agent.

JESUS A. LINARES
55 Fairway Drive # 2E
Miami Springs, FL 33166

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