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COVER LETTER

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

SUBJECT: JAIRO'S MEDICAL SUPPLIES, 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: **JAIRO SANDOVAL**

Name (Printed or typed)

400 SW 34 AVE

Address

MIAMI FLORIDA 33135

City, State & Zip

305)733-6161

Daytime Telephone number

eferna9830@aol.com

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

JAIRO'S MEDICAL SUPPLIES, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
400 SW 34 AVE
MIAMI FLORIDA 33135

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
RETAIL/SALES & RENTAL MEDICAL SUPPLIES AND EQUIPMENT

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JAIRO SANDOVAL, PRES.	Name and Title: _____
Address: 400 SW 34 AVE	Address: _____
MIAMI FLORIDA 33135	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: JAIRO SANDOVAL, PRES.
Address: 400 SW 34 AVE
MIAMI FLORIDA 33135

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JAIRO SANDOVAL, PRES.
Address: 400 SW 34 AVE
MIAMI FLORIDA 33135

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

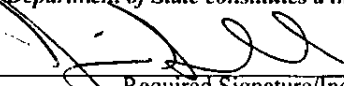


Required Signature/Registered Agent

01/31/2011

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

01/31/2011

Date

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