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

From: Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC  
Account Number : I20070000020  
Phone : (813)435-3176  
Fax Number : (813)333-6358

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

Email Address: MESinc@MES-USA.com

**DOMESTICATION  
MEDICAL EQUIPMENT SPECIALIST USA, INC.**

Certificate of Status	0
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2012 JUN 26 AM 10:27

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JUN 26 2012

**CERTIFICATE OF DOMESTICATION**

The undersigned, EDUARDO PAREDES, PRESIDENT,  
(Name) (Title)

of MEDICAL EQUIPMENT SPECIALISTS, INC. a foreign corporation,  
(Corporation Name)  
in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was JANUARY 19, 1993.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was MASSACHUSETTS.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was MEDICAL EQUIPMENT SPECIALISTS, INC.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is MEDICAL EQUIPMENT SPECIALISTS USA, INC.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was MASSACHUSETTS.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am PRESIDENT, of MEDICAL EQUIPMENT SPECIALISTS, INC.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 19 day of JUNE, 2012

*Eduardo Paredes*  
(Authorized Signature)

**Filing Fee:**

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2012 JUN 26 AM 10:27

**ARTICLES OF INCORPORATION**  
IN COMPLIANCE WITH CHAPTER 607, F.S.

**ARTICLE I NAME**

THE NAME OF THE CORPORATION SHALL BE:

MEDICAL EQUIPMENT SPECIALISTS USA, INC.

**ARTICLE II PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

2555 N.W. 102 AVE., # 104 Miami, FL 33172

**ARTICLE III PURPOSE**

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

ANY LEGAL PURPOSE UNDER FLORIDA STATE LAW AND FEDERAL LAW

**ARTICLE IV SHARES**

THE NUMBER OF SHARES OF STOCK IS:

12,500 COMMON SHARES AT 0 PAR VALUE

**ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS**

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

EDUARDO PAREDES WILL BE DIRECTOR, PRESIDENT AND TREASURER

2555 N.W. 102 AVE., # 104 Miami, FL 33172

YOLANDA PAREDES WILL BE DIRECTOR, VICE PRESIDENT AND SECRETARY

2555 N.W. 102 AVE., # 104 Miami, FL 33172

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT:

EDUARDO PAREDES

2555 N.W. 102 AVE., # 104 Miami, FL 33172

**ARTICLE VII INCORPORATOR**

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

EDUARDO PAREDES

2555 N.W. 102 AVE., # 104 Miami, FL 33172

\*\*\*\*\*

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 AM FAMILIAR WITH AND  
ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

Signature/Registered Agent

Date

Signature/Incorporator

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED