#3371 P.001/003

#### **Division of Corporations Electronic Filing Cover Sheet**

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(((H12000203840 3)))



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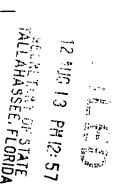
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### FLORIDA PROFIT/NON PROFIT CORPORATION SAL MEDICAL EQUIPMENTS & REPAIRS INC

Certificate of Status	0
Certified Copy	1
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## H12000203840

#### ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I – NAME

The name of the corporation sname.

MEDICAL EQUIPMENTS & REPAIRS

TNC

#### <u>ARTICLE II – PRINCIPAL OFFICE</u>

The principal place of business and mailing of this corporation shall be:

958 Sw 9 ct Floudacity PL 33034

ARTICLE III – SHARES

The number of shares of stock that this corporation is authorized to have contestanding at any one time is: outstanding at any one time is:

#### <u> ARTICLES IV – INITIAL REGISTERED AGENT AND STREET</u> ADDRESS

The name and address of the initial registered agent is:

1A IVADOR JARQUIN 958 SW 9 CT Florida City H12000203840

# H12000203840

#### <u>ARTICLE V – INCORPORATOR</u>

The name and address of the incorporator to these Articles of Incorporation is:

SALVADOR JARQUIN 958 SW 9 CT. Florida City, FL 33034

The undersigned incorporator has executed these Articles of Incorporation this day of 20

ARTICLE VI- DIRECTOR (S)

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

SALVADOR JARBUIN-PRESIDE

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT
/REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature

H12000203840