

06/18/2032 04:56

85-11-001/3

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.

(((H14000147372 3)))



H140001473723ABC3

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 : LAZARUS CORPORATE FILING SERVICE,
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 675-5944

FILED
14 JUN 19 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
MEDICAL PLUS EQUIPMENT RENTAL INC

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

RECEIVED
14 JUN 19 PM 4:00
TALLAHASSEE, FLORIDA

md 6/20

B14000147372

Articles of Incorporation

IN COMPLIANCE WITH CHAPTER 607 AND/OR CHAPTER 621, FS.

Article I - Name: The name of the corporation shall be

Medical Plus Equipmental Rental Inc

Article II - Principal and Mailing Address

3600 SW 109 Ave
Miami FL 33165

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 JUN 19 AM 11:18

FILED

Article III - Shares

The number of shares of stock is: 100

Article IV - Initial Officers and/or Directors

Mariagny Jacomino (P)

Article V - Registered Agent

The name and Florida street address of the registered agent is:

Mariagny Jacomino
3600 SW 109 Ave
Miami FL 33165

Article VI - Incorporator

The name and address of the incorporator is:

Mariagny Jacomino
3600 SW 109 Ave.
Miami FL 33165

B14000147372

H14000147372

Required Signatures:

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

MARIAGY Tacomina [Signature] 6/19/20
Registered Agent 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.

[Signature] 6/19/20
Incorporator Date

FILED
14 JUN 19 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H14000147372