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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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Phone : (305)552-5973
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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: _____

FLORIDA PROFIT/NON PROFIT CORPORATION**L. MEDICAL SUPPLY INC**

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

RECEIVED
14 NOV 18 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/9/14 ch

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME: The name of the corporation is:L. MEDICAL Supply INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

15680 SW 106 LN
Suite 802 Miami FL, 33196**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**ADOLFO J. LARREA - P

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:


The name and Florida street address (PO Box not acceptable) of the registered agent is:

ADOLFO J. LARREA
15680 SW 106 LN Suite 802
Miami FL 33196**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:ADOLFO J. LARREA
15680 S.W. 106 LN Suite 802
Miami FL 33196

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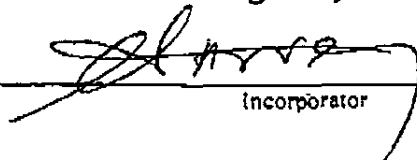
Required Signatures:

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



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.



Incorporator Date

ALL INFORMATION CONTAINED
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