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(((H15000024112 3)))



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To:

Division of Corporations

: (850)617-6381

From:

Account Name : CORP USA Account Number : 072450003255 Phone : (305)634-3694

Fax Number

: (305)633-9696

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

Émail .	Address:					
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FLORIDA PROFIT/NON PROFIT CORPORATION

Please Lile Ituis on the

Dade County Medical Sup	pply, Inc.
Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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Corporate Filing Menu

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CORP USA

9696889908



January 30, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORP USA

SUBJECT: DADE MEDICAL SUPPLY, INC.

REF: W15000006917

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P11000041209 (DADE MEDICAL SUPPLIES, CORP).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

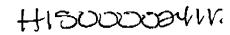
Thomas Chang Regulatory Specialist II New Filing Section FAX Aud. #: B15000024112 Letter Number: 015A00001937

P.O BOX 6327 - Tallahassee, Florida 32314

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CORP USA

9696889908 97:91 9102/08/10





COVER LETTER

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

TINION OF THE OTIE	that and one (1) copy of the ar	ticles of incorporation and	a check for:
\$70.00 Filing Fce	S78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status

SUBJECT: Dade County Medical Supply, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUPPLY)

FROM: Michael RAFP

Name (Printed or typed)

3344 WATER Oal ORIVE

Address

Hollywood tip, State & Zip

Daytime Telephone number

MRAPP 32 C JAHOU-LOM

E-mail address: (to be used for future ainfuel 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)

The name of the corporation shall be: Dade	County Me	dical Supply,	Inc
ARTICLE II PRINCIPAL OFFICE	1		
Principal servel soldness 3344 WATER OTH DRU		Nailing address, if different is:	
Hollywood, Floring 3	3371		_
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	Coceni	n. d. h. to	
The purpose for watch the corporation is organized is:	(1) 3 0-20 A	<u> </u>	
me Ercel Supplies	p+ , 1748-1 ₂₋₃₀		
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			ਹ
			E3 MAU C1
150-4-5-7			_
ARTICLE IV SHARES The number of shares of stock is: 100			÷
			,
ARTICLE V INITIAL OFFICERS AND/OR DIR	 1		a
Name and Title: Mr. C. Long & R. A. R. P.	Resid Name and Title:		
Address 3344 water oute			
Hollywood, Flore by			** 1 44
ده 33ء			
Name and Title:	Name and Title:	At	
Addross	Address:	· ·	
			
Name and Title:	Name and Title:		
Address			
4-1			
	10-04-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-		 -

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9	OF CO
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PM 4: 28	TATIO ATTO
8]

Name and Title:	Name and Title:
Address	Address:
-	
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT accept	tuble) of the registered agent is:
Name: MICHOLL RAPID	
Address: 33'th water or	th. Decrup
	tuble) of the registered agent is: 15 Dec 100 23021
ARTICLE VII INCORPORATOR	ቲ. 2
The name and address of the Incorporator is:	œ ·
Name: Michael RAPO	
Address: 3344 water cool	e prime
Hollywood, Flore, 6	3702
Having been numed as registered agent to accept service of philic certificate, I am familiar with and accept the appointmen	process for the above stated corporation at the place designated in at as registered agent and agree to act in this capacity
Muluel Rom	1/29/15
Required Signature/Registered Age	Date
I submit this document and affirm that the facts stated here document to the Department of State constitutes a third degre	ein ure true. I am swure that the faise information submitted in a se felony as provided for in s.817.155, F.S.
Mulalle Roy	1/29/15