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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

15 MAY 13 AM 8:56

**FLORIDA PROFIT/NON PROFIT CORPORATION
GINAMERICAN MEDICAL SUPPLIES, INC.**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
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ARTICLES OF INCORPORATION
OF
GINAMERICAN MEDICAL SUPPLIES, INC.

THE UNDERSIGNED incorporated hereby makes, subscribes, acknowledges and files with the Department of State this corporation for profit in accordance with the law of the State of Florida.

ARTICLE I
NAME OF CORPORATION

The name of the corporation shall be:

GINAMERICAN MEDICAL SUPPLIES, INC.

ARTICLE II
NATURE OF BUSINESS

Medical Supplies

ARTICLE III
CAPITAL STOCK

*The maximum number of shares of capital stock authorized to be issued by this corporation shall be **ONE HUNDRED SHARES** of common stock with no par value.*

Each of said shares of stock should entitle the holder to one vote at any meeting of the stockholders. All or any part of said capital stock might be paid in cash, in property (other than stock securities) or in labor or services at a fair valuation to be fixed by the incorporator. All stock, when issued, shall be fully paid for and shall be non-assessable.

ARTICLE IV
INITIAL CAPITAL

*The amount of capital with which this corporation shall begin business shall be no less than **FIVE HUNDRED DOLLARS (\$ 500.00)**.*

ARTICLE V
TERM OF EXISTENCE

This corporation shall have perpetual existence.

ARTICLE VI
PRINCIPLE OFFICE

The following shall be the street and principal office of this corporation, but this corporation shall have the power to move the principal office to any other address in the State of Florida, and to establish branch offices in their places of business at such other places within or without the State of Florida that may be deemed expedient:

2100 SANS SOUCI BLVD APT 802 NORTH MIAMI, FL 33181

15 MAY 13 AM 8:55

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**ARTICLE VII
BOARD OF DIRECTORS**

This corporation shall have not less than one director initially. The number of directors may be increased or diminished from time to time, by the By-laws adopted by the stockholders. The names and street address of the members of the first Board of Directors is:

**CARLOS LUTFI
PRESIDENT & SECRETARY**

**2100 SANS SOUCI BLVD APT 802
NORTH MIAMI, FL 33181**

**GINA LUTFI
VICE-PRESIDENT & TREASURER**

**2100 SANS SOUCI BLVD APT 802
NORTH MIAMI, FL 33181**

**ARTICLE VIII
SUBSCRIBER**

The names and addresses of the subscribers of these Articles of Incorporation, and the number of shares of stock, which they agree to take, are:

**CARLOS LUTFI
(50 % Shares)**

**2100 SANS SOUCI BLVD APT 802
NORTH MIAMI, FL 33181**

**GINA LUTFI
(50 % Shares)**

**2100 SANS SOUCI BLVD APT 802
NORTH MIAMI, FL 33181**

**ARTICLE IX
REGISTER AGENT**

Register Agent:

**CARLOS LUTFI
2100 SANS SOUCI BLVD APT 802
NORTH MIAMI, FL 33181**

**ARTICLE X
AMENDMENT**

These articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the stockholders, and approved at the stockholder's meeting by a majority of the stock entitled to vote thereon, unless all the directors and all the stockholders sign a written statement manifesting their intention that a certain amendment of these Articles of Incorporation be made.

IN WITNESS WHEREOF, the undersigned has hereunto set their hands and seal this day of 12th of May of 2015.


CARLOS LUTFI


GINA LUTFI

**STATE OF FLORIDA
COUNTY OF DADE**

I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized in the State and County named above to take acknowledgments, personally appeared **CARLOS LUTFI** and **GINA LUTFI**, known to be the persons described as subscriber in and who executed the foregoing Articles of Incorporation, and acknowledged before me that they subscribed to those Articles of Incorporation.

IN WITNESS THEREOF, I have hereunto set my hand and seal,
This 12th of May of 2015.

*Notary Public
Personally Known*

**CERTIFICATE DESIGNATING PLACE OF
BUSINESS OR DOMICILE FOR THE SERVICE
OF PROCESS WITHIN THIS STATE, NAMING
AGENT UPON WHOM PROCESS MAY BE VERIFIED**

15 MAY 13 AM 8:55
TALLAHASSEE FLORIDA

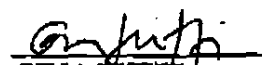
In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said Act:

That **GINAMERICAN MEDICAL SUPPLIES, INC.** Desiring to organize under the laws of the State of Florida, with its principal office at 2100 Sans Souci Blvd Apt 802 North Miami, FL 33181, County of Miami-Dade, has named **CARLOS LUTFI** as its agent service of process within this State.

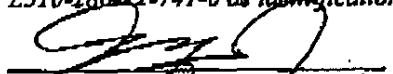
ACKNOWLEDGMENT:

Having been named to accept service of process for the above stated people, at the place designated in this Certificate, the undersigned hereby agrees to act in this capacity and agrees to comply with the provisions of said Act relative to keeping open said office.


CARLOS LUTFI


GINA LUTFI

Sworn and Subscribed before me, this 12th days of May of 2015 at Miami, FL by Mr. Carlos Lutfi and Gina Lutfi, who presented their Florida Driver License No. L310-100-68-460-0 and L310-280-72-741-0 as identification respectively.


Notary Public - State of Florida

