

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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16 AUG - 1 PM 3:30

FLORIDA PROFIT/NON PROFIT CORPORATION
FUSTER MED SUPPLIES, INC

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

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AUG 02 2016

T. SCOTT

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

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ARTICLE I NAME: The name of the corporation is:

Fuster Med Supplies, Inc

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

3380 SW 109 AVE
MIAMI FL 33165

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Pastor Fuster (PRESIDENT)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

PASTOR FUSTER
3380 SW 109 AVE
MIAMI FL 33165

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

PASTOR FUSTER
3380 SW 109 AVE
MIAMI FL 33165

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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 8.817.155, F.S.

Incorporator Date

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