

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
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Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
VIERA MEDICAL SUPPLIES, INC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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OCT 18 2016

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

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ARTICLE I NAME: The name of the corporation is:Viera Medical Supplies, Inc**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

4140 SW 112 Ave
Miami FL 33165**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Yunior Viera (P)

16 OCT 17 AM 10:29

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Yunior Viera
4140 SW 112 Ave
Miami FL 33165**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Yunior Viera
4140 SW 112 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

Yunior 10/17/16
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.

Yunior 10/17/16
Incorporator Date

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