

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

P1800038269

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

From:
 Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
 Account Number : I20000000019
 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.****

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2018 APR 27 PM 4:25

FLORIDA DEPARTMENT OF STATE
 BUREAU OF COMMERCIAL INFORMATION SERVICES

**FLORIDA PROFIT/NON PROFIT CORPORATION
 MRR MEDICAL EQUIPMENT, CORP**

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

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2018 APR 27 AM 9:40

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

MRR Medical equipment, Corp

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

3667 SW 149 Ave
Miami FL 33185

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

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Mairelis Rodriguez (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

MAIRELIS Rodriguez
3667 SW 149 ave
Miami FL 33185

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

Mairelis Rodriguez
3667 SW 149 ave
Miami FL 33185

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STATE OF FLORIDA
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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

Mairilis Rodriguez _____
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.

Mairilis Rodriguez _____
Incorporator Date

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