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Florida Department of State
Division of Corporations
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OF FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION
MARTINEZ MEDICAL SUPPLY INC.**

Certificate of Status	0
Certified Copy	1
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Corporate Filing Menu

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MAY - 3 2019
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May. 1. 2019 3:44PM AMSCOT FINANACIAL

No. 0715 P. 3

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: MARTINEZ MEDICAL SUPPLY INC.**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address

Mailing address, if different is:

2315 SW 17 AVE SUITE 305MIAMI, FL 33135**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 1,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ROBERTO MARTINEZ President

Name and Title: _____

Address 215 SW 17 Ave

Address: _____

Suite 305Miami, FL 33135

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

19 MAY 12 AM 9:39
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No. 0715 F. 2

Name and Title: _____ Name and Title: _____
 Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ROBERTO MARTINEZ
 Address: 215 SW 17 Ave Suite 303
 Miami, FL 33135

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ROBERTO MARTINEZ
 Address: 215 SW 17 Ave Suite 303
 Miami FL 33135

FILED
 19 MAY -2 AM 9:39
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.*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*

 Required Signature/Registered Agent
 05/01/2019
 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.817.135, F.S.

 Required Signature/Incorporator
 05/01/2019
 Date