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6/7/2019

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Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
ALL AMERICA MEDICAL SUPPLIES IMPORT & EXPORT CORP**

Certificate of Status	0
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JUN 10 2019

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEALL AMERICAN MEDICAL SUPPLIES IMPORT & EXPORT CORP
The name of the corporation shall be: _____**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is: _____

20965 SW 236 ST UNIT 2

HOMESTEAD, FL 33031

ARTICLE III PURPOSEANY AND ALL LAWFUL BUSINESS
The purpose for which the corporation is organized is: _____**ARTICLE IV SHARES**100
The number of shares of stock is: _____**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: JOSE HERNANDEZ (P)

Name and Title: _____

Address 20965 SW 236 ST

Address: _____

UNIT 2

HOMESTEAD, FL 33031

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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: JOSE HERNANDEZ
Address: 20965 SW 236 ST UNIT 2
HOMESTEAD, FL 33031

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOSE HERNANDEZ
Address: 20965 SW 236 ST UNIT 2
HOMESTEAD, FL 33031

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 6/6/2019
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.817.155, F.S.

Required Signature/Incorporator 6/6/2019
Date

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