

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

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Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
MARIANO WHEEL CHAIRS PLUS INC**

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

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OCT. 14 2019

T. SCOTT

2019 OCT 11 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:Marianao Wheel chairs Plus INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

12150 SW 128th CT Ste 139 Miami  
FL 33186**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Damian Ramirez Butruz (P)RECEIVED  
CLERK  
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**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

DAMIAN RAMIREZ BUTRUZ  
12150 SW 128th CT SUITE 139  
MIAMI FL 33186**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:DAMIAN RAMIREZ BUTRUZ  
12150 SW 128th CT SUITE 139  
MIAMI FL 33186

**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 s.817.155, F.S.

 \_\_\_\_\_  
Incorporator Date