Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Doing so will generate another cover sheet.	<u> </u>
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To:		
	Division of Corporations	
	Fax Number : (850)617-6381	52
		- 무료 글
From:		
	Account Name : LAZARUS CORPORATE FILING SERVICE, INC.	\$ (A C.
	Account Number : I20000000019	- 월려 등
	Phone : (305)552-5973	13 13 C
	Fax Number : (305)675-5944	780
ant	the email address for this business entity to be used for funual report mailings. Enter only one email address please.**  ail Address:	iture
EM	all Address:	

## RMR MEDICAL SUPPLY CORP.

Certificate of Status	0	
Certified Copy	1	
Page Count	63	
Estimated Charge	\$78.75	

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P 6313P	n//n:

## ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:
BMR Medical Supply Corp.
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:  14694 5W 45 5+  Higmi FL 33175
-MIGMI PC 33/75
ARTICLE III SHARES: The number of shares of stock is:
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
<b>A</b>
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
14694 SW 43 ST MIAMI FL 33175
miami FL 33175
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
MAIRELIS RODRIGUEZ
14694 SW 45 ST MIAMI FL 33175
m/Ami FL 33175

## 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 Kodeigus.

1:ate

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.

Іпсогротатог

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