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Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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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.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
ABSOLUTE MEDICAL LOGISTICS, INC.

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

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2020 FEB -5 PM 12:02

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

Absolute Medical Logistics, Inc.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

2956 SE 15th Ave Homestead, FL 33035

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

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

President- Rodolfo Zayas

VP- Pedro Garcia

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Rodolfo Zayas

2956 SE 15th Ave Homestead, FL 33035

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

Rodolfo Zayas P.O.BOX 970543 Miami, FL 33197

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: 02/4/20

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: 02/4/20