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Division of Corporations Electronic Filing Cover Sheet

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	Division of Corporations	<u> </u>	+
	Fax Number : (850)617-6381	E.S.	3
from:		_	ري د ا
	Account Name : LAZARUS CORPORATE FILING SERVICE, INC.	93. 13. 13.	_
	Account Number : I20000000019	<u>::</u> 2	C
	Phone : (305)552-5973		
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FLORIDA PROFIT/NON PROFIT CORPORATION MARTINEZ MEDICAL SUPPLY SUPPLY INC

Certificate of Status	0
Certified Copy	1
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

2020 MAR -4 PM 3: 16

SECRETARY OF STATE FALLAHASSEE, FLORID,

ARTICLE I NAME: The name of the corporation is ARTICLE II PRINCIPAL OFFICE: The principal street address and mailing address is: 3W 17 AU BULF # 313 ARTICLE III SHARES: The number of shares of stock is: ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is: INCORPORATOR: The name and address of the Incorporator is: AMARO

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 Eate

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 \$817.155, F.S.

Incorporator Date

PILTU 1920 MAR -4 PM 3: 18 SECRELARY OF STAFF