

P2000003444

## 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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## FLORIDA PROFIT/NON PROFIT CORPORATION

## ADVANCED MEDICAL SUPPLY INC

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

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 (Profit)**ARTICLE I NAME:** The name of the corporation is:

ADVANCED MEDICAL SUPPLY INC

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

1634 SE 47TH ST STE 12

CAPE CORAL FL 33904

**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

Milay Hernandez (P)

2020 MAY 11 AM 8:33

FILED

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Milay Hernandez

1634 SE 47TH ST STE 12

CAPE CORAL FL 33904

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


Milay Hernandez

1634 SE 47TH ST STE 12

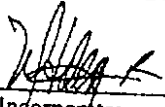
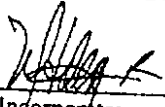
CAPE CORAL FL 33904

**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  
\_\_\_\_\_  
05/11/2020  
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  
\_\_\_\_\_  
05/11/2020  
Date