

PR000054744

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
PREMIERE MEDICAL SUPPLY INC

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

J. FASON

JUL 24 2020

2020 JUL 23 AM 10:34

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
COMMERCIAL SERVICES

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 624, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Premiere Medical Supply Inc**ARTICLE II PRINCIPAL OFFICE**Principal street address1342 SE 46th Ln Unit 3
Cape Coral Fl 33904

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:

Milay Hernandez

Name and Title:

President

Address

1342 SE 46th Ln

Address:

Unit 3**Cape Coral Fl 33904**

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Milay Hernandez
Address: 1342 SE 46th Ln Unit 3
Cape Coral Fl 33904

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Milay Hernandez
Address: 1342 SE 46th Ln Unit 3
Cape Coral Fl 33904

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

[Signature]
Required Signature/Registered Agent

07/20/2020
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.

[Signature]
Required Signature/Incorporator

Date

07/20/2020