

P20000080336

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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.

((H20000359533 3)))



H20000359533ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

\*\*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  
LAKES MEDICAL SUPPLY INC

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

2020 OCT 15 PM 3:03

2020 OCT 15 PM 2:25

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:Lakes Medical supply INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

5881 NW 151 st Miami Lakes  
FL 33014**ARTICLE III SHARES:** The number of shares of stock is:100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**(P) Osiel Velazquez CARBALLO  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Osiel Velazquez CARBALLO  
5881 NW 151 ST  
Miami Lakes FL 33014**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Osiel Velazquez CARBALLO  
5881 NW 151 ST  
Miami Lakes FL 33014

2020 OCT 15 PM 3:03

**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

X *[Signature]* 10-15-20  
Registered Agent 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.

X *[Signature]* 10-15-20  
Incorporator Date

2020 OCT 15 PM 3:03  
STATE  
SECRET