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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

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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**FLORIDA PROFIT/NON PROFIT CORPORATION
SNAP MEDICAL EQUIPMENT INC**

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

EIN. 85-3616051

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

SNAP MEDICAL EQUIPMENT INC

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

12950 SW 8 ST

MIAMI FL 33184

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

ALEXIS DUQUE GOMEZ (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

ALEXIS DUQUE GOMEZ

12950 SW 8 ST

MIAMI FL 33184

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

ALEXIS DUQUE GOMEZ


12950 SW 8 ST

MIAMI FL 33184

FILED
20 OCT 26 PM 5:27
TALLAHASSEE, FL 32301

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

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

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20 OCT 26 PM 5:27
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