

12/1/2020

P20000091740

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 : DCM CONSULTING INC
Account Number : I20190000102
Phone : (305)491-9169
Fax Number : (305)397-2527

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
24.7 CARMELO MEDICAL SUPPLY INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

2020 DEC -1 PM 4:45

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

24.7 CARMELO MEDICAL SUPPLY INCARTICLE II PRINCIPAL OFFICEPrincipal street address:

Mailing address, if different is:

4701 N FEDERAL HWY STE 304POMPANO BEACH FL 33064ARTICLE III PURPOSEThe purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESSARTICLE IV SHARESThe number of shares of stock is: 1000ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: CARMELO J. YERO-Pres. Name and Title:Address: 4701 N FEDERAL HWY STE 304 Address:POMPANO BEACH FL 33064

Name and Title: Name and Title:

Address: Address:

Name and Title: Name and Title:

Address: Address:

2020 DEC -1 AM 10:31

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: CARMELO J. YERO
Address: 4701 N FEDERAL HWY STE 304
POMPANO BEACH FL 33064

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: CARMELO J. YERO
Address: 4701 N FEDERAL HWY STE 304
POMPANO BEACH FL 33064

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

X

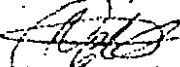


Required Signature/Registered Agent

11/20/2020
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.

X



Required Signature/Incorporator

Date

11/20/2020

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