

12/1/2020

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Division of Corporations  
Florida Department of StateDivision 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  
MEDICAL SUPPLY BARRERA OFFICE INC

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

2020 DEC -1 PM 4:45

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**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: MEDICAL SUPPLY BARRERA OFFICE INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

4699 N FEDERAL HWY STE 109DPOMPANO BEACH FL 33064**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: OSVEL FERRO ALVAREZ-Pres.Address 4699 N FEDERAL HWY STE 109DPOMPANO BEACH FL 33064

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

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: OSVEL FERRO ALVAREZ  
Address: 4699 N FEDERAL HWY STE 109D  
POMPANO BEACH FL 33064

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

Name: OSVEL FERRO ALVAREZ  
Address: 4699 N FEDERAL HWY STE 109D  
POMPANO BEACH FL 33064

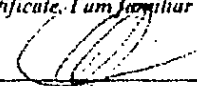
**ARTICLE VIII EFFECTIVE DATE:**

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.)

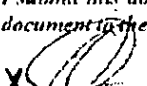
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

11/20/2020  
Date