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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

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
WESTMED SUPPLIERS, INC.

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

2/10/21

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

Westmed Suppliers, INC.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

12150 SW 128 COURT
Suite # 220
Miami Florida 33186

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Aymee Parga (P)

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ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

AYMEE PARGA
12150 SW 128 COURT
SUITE #220
MIAMI FL 33186

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

AYMEE PARGA
12150 SW 128 COURT
SUITE #220
MIAMI FL 33186

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 02-09-21. 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 02-09-21. Date

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TALLAHASSEE, FLORIDA