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.
        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:_____
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FLORIDA PROFIT/NON PROFIT CORPORATION
EXXON MEDICAL SUPPLIES CORP

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

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J DENNIS FEB 16 2021

ARTICLES OF INCORPORATION
In compliance with Chapter 607 (Profit)

ARTICLE I   NAME: The name of the corporation is:

exxon Medical supplies corp

ARTICLE II   PRINCIPAL OFFICE:

The principal street address and mailing address is:

2500 NW 79th Ave
Suite 274
Doral FL 33122

ARTICLE III   SHARES: The number of shares of stock is: _100_

ARTICLE IV   INITIAL DIRECTORS AND/OR OFFICERS:

Onoraldo Alonso Falcon
_(P)_

ARTICLE V   INITIAL REGISTERED AGENT AND STREET ADDRESS:

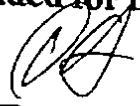The name and Florida street address (PO Box not acceptable) of the registered agent is:

Onoraldo Alonso Falcon
2500 NW 79th Ave Suite 274
Doral Fl 33122

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

Onoraldo Alonso Falcon
2500 NW 79th Ave Suit 274
Doral Fl 33122

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

_____   2 /2 2/
                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.

_____   2 /2 2/
                Incorporator   _____
                                                                  Date