

PA1000014889

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
MED MEDICAL SUPPLIES CORP**

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

SK 2/19/21

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:MED MEDICAL SUPPLIES CORP**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

1329 ST. TROPEZ CIRCLE #504
WESTON, FL 33326**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**PRESIDENT: CALER ESPINOZA

2021 FEB 18 PM 4:30
ALLAHAMMAD

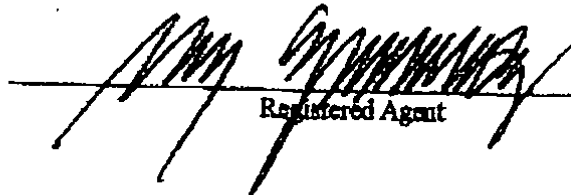
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

CALER ESPINOZA1329 ST. TROPEZ CIRCLE #504WESTON, FL 33326**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:CALER ESPINOZA1329 ST. TROPEZ CIRCLE #504WESTON, FL 33326

Required Signatures:

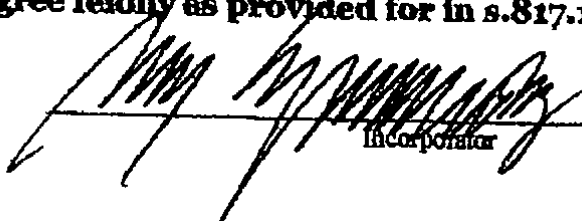
Having been named as registered agent to accept service of process for the above state corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Registered Agent

2-16-21
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

2-16-21
Date

RECEIVED
FEBRUARY 18 2021
TAMM HALL

2021 FEB 18 PM 4:30

FILED