

P21000020985

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax andit number (shown below) on the top and bottom of all pages of the document.

(((H21000089055 3)))



H210000890553ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

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: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
DEL PRADO MEDICAL SUPPLY INC**

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

RECEIVED
2021 MAR -5 AM 9:00
DIVISION OF CORPORATIONS
COMMERCIAL
FILING SERVICES

JH
12/21

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:

Del Prado Medical Supply IncARTICLE II PRINCIPAL OFFICEPrincipal street address1323 Lafayette St Ste I

Mailing address, if different is:

Cape Coral Fl 33904same as principalARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For all Legal and Lawful purposesARTICLE IV SHARES

The number of shares of stock is:

100ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Viva Komnick (P)

Name and Title:

Address

1323 Lafayette St

Address:

Ste ICape Coral Fl 33904

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

2021 MAR -5 PM 4:42
C:\111111

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI. REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: Viva Komnick
Address: 1323 Lafayette St Ste I
Cape Coral Fl 33904**ARTICLE VII. INCORPORATOR**The name and address of the Incorporator is:Name: Viva Komnick
Address: 1323 Lafayette St Ste I
Cape Coral Fl 33904**ARTICLE VIII. EFFECTIVE DATE:**Effective date, if other than the date of filing: 03/03/2021 (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

Viva Komnick
Required Signature/Registered Agent03/03/2021
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.817.153, F.S.

Viva Komnick
Required Signature/Incorporator03/03/2021
Date