

# Florida Department of State

Division of Corporations

# P2100029714

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

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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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## FLORIDA PROFIT/NON PROFIT CORPORATION TOP MEDICAL SUPPLY INC

Certificate of Status	0
Certified Copy	1
Page Count	03
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4/2/21  
FILED  
2021 APR -1 AM 11:31  
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2021 APR -1 PM 4:50  
CORPORATIONS  
SERIALS  
DIVISION

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:

Top Medical Supply Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address  
8140 College Parkway Ste 202-4  
Fort Myers Fl 33919

Mailing address, if different is:

Same as principal address

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For all legal and lawful purposes

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Yesiel Caballero Abello President  
Name and Title:

Address 8140 College Parkway  
Ste 202-4  
Fort Myers Fl 33919  
Address:

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

Address \_\_\_\_\_ Address: \_\_\_\_\_

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

Address \_\_\_\_\_ Address: \_\_\_\_\_

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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: Yesiel Caballero Abello  
 Address: 8140 College Parkway Ste 202-4  
Fort Myers Fl 33919

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Yesiel Caballero Abello  
 Address: 8140 College Parkway Ste 202-4  
Fort Myers Fl 33919

**ARTICLE VIII EFFECTIVE DATE:** 03/31/2021

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*

*Yesiel*  
 Required Signature/Registered Agent

03/31/2021  
 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.817.155, F.S.*

*Yesiel*  
 Required Signature/Incorporator

03/31/2021  
 Date

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 APR 11 2021  
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 STATE OF FLORIDA