P21000032529

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 audit number (shown below) on the top and bottom of all pages of the document.

(((H21000129580 3)))

H21000129580 3ABC

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: _____

FILED
2021 APR 12 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2021-APR-12-AM-9:06

FLORIDA PROFIT/NON PROFIT CORPORATION
ECHO MEDICAL SUPPLIES INC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$70.00

Second Request

Electronic Filing Menu Corporate Filing Menu Help

T. BURCH
APR 13 2021

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: Echo Medical Supplies Inc

ARTICLE II PRINCIPAL OFFICE
Principal street address

12970 SW 133 Ct
Miami FL 33186

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

FILED
2021 APR 12 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Eduardo Jose Noa/Pres
Address 12970 SW 133 Ct
Miami FL 33186

Name and Title:
Address:

Name and Title:
Address

Name and Title:
Address:

Name and Title:
Address

Name and Title:
Address:

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: Eduardo Jose Noa

Address: 12970 SW 133 Ct

Miami FL 33186

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Eduardo Jose Noa

Address: 12970 SW 133 Ct

Miami FL 33186

2021 APR 12 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLE VIII EFFECTIVE DATE:

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

X _____ 03/23/2021

Required Signature/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.

X _____ 03/23/2024

Required Signature/Incorporator Date