

## Florida Department of State

**P21000083213**

**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.**

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**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 : 120000000019  
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  
ONE MED WAY EQUIP CORP.**

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

RECEIVED  
DIVISION OF  
CORPORATIONS  
APR 13 2021  
PM 4:21

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:**One Med Way Equip Corp.****ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

1329 St. Tropez Cir. Apt 504

Weston, FL 33326

**ARTICLE III SHARES:** The number of shares of stock is: **100****ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

Caleb Espinoza - President

1329 St. Tropez Cir. Apt 504

Weston, FL 33326

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Caleb Espinoza

1329 St. Tropez Cir. Apt 504

Weston, FL 33326

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

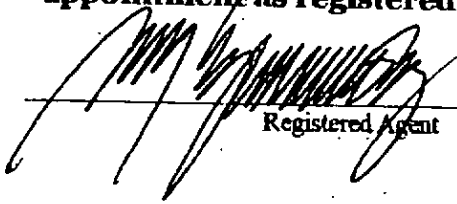
Caleb Espinoza

1329 St. Tropez Cir. Apt 504

Weston, FL 33326

**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**

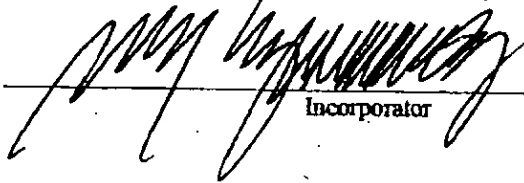


Registered Agent

4-13-21

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

4-13-21

Date