

P 21000051225

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.

((H21000214857 3)))



H210002148573ABC/

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
YCC MED-SUPPLY SOLUTIONS CORP**

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

FILED
 21 MAY 28 PM 4:02
 2021 MAY 28 PM 4:21
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

SB
6/1/21

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME: The name of the corporation is:YCC MED-SUPPLY SOLUTIONS CORP**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

1840W 49th ST Suite 731Hialeah FL 33012**ARTICLE III SHARES:** The number of shares of stock is:100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Carlos Israel Yanta Rankin
(P)SECRET
ARTICLE OF INCORPORATION
TALLAHASSEE, FLORIDA

21 MAY 28 PM 4:02

FILED

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Carlos Israel Yanta Rankin1840W 49th St Suite 732Hialeah FL 33012**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Carlos Israel Yanta Rankin1840 W 49th St Suite 732Hialeah FL 33012

Required Signatures:

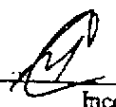
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Registered Agent05/28/21

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.



Incorporator05/28/21

Date

FILED
21 MAY 28 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA