

Florida Department of State

Division of Corporations
Electronic Filing Case Sheet

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To:

Division of Corporations
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****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
CORTES MEDICAL SUPPLY INC.**

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

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6/15/21
SP

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

ARTICLE I NAME: The name of the corporation is:

Cortes Medical Supply inc.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

11595 Kelly Road, Fort Myers, FL
33908, suite # 114.

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

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

ADEL BARRERA CORTES

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

ADEL BARRERA CORTES
2312 NW 57ST, MIAMI FL. 33142

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

ADEL BARRERA CORTES
2312 NW 57ST, MIAMI FL. 33142

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

ADEL BARRERA CORTES

Registered Agent

6/14/2021
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 8.817-155, F.S.

ADEL BARRERA CORTES

Incorporator

6/14/2021
Date