

H210002984863

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
Fax Number : (850)617-6381

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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: _____

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**FLORIDA PROFIT/NON PROFIT CORPORATION
WEST MED SUPPLIES CORP**

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

1
10/10/21

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

West Med Supplies Corp

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

1500 Weston Rd.

Suite 212

Weston FL 33326

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

Caleb Espinoza President

SECRETARY OF STATE
TALLAHASSEE, FLFILED
2021 AUG -9 AM 1:23**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

1500 Weston Rd.

Suite 212

Weston FL 33326

Caleb Espinoza

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

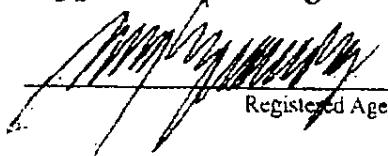
Caleb Espinoza

1500 Weston Rd. Suite 212

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

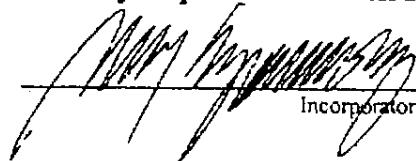


Registered Agent

08/06/2021

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.



Incorporator

08/06/2021

Date

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