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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019
Phone : (305)552-5973
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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.\*\*

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## FLORIDA PROFIT/NON PROFIT CORPORATION FL. MEDICAL SUPPLIES INC

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

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2021 ETT - 9 FH 3: 09

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

**ARTICLE I** NAME: The name of the corporation is:

FL. medical supplies Inc
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
15264 SW ZO LN
33185 Miami FL
ARTICLE III SHARES: The number of shares of stock is:
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
Dohay Maximus Descuen (P)
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
DORIAN MAXIMUS DESWEN
15264 SW 20LN
MIAMI FL 33185
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
DORIAN MOXIMUS DESWEN
15264 SW 20 CN MIAMI FL 33185

## 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 familia: with and accept the appointment as registered agent and agree to act in this capacity

Does Lawy
Registered Agent

8/9/21

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.

9/9/71