*08/28/2021



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

From:

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2021

| Account Number | |
|----------------|-----------------|
| 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 MIAMI BLUE MED SUPPLIES CORP

| Certificate of Status | 0 |
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TALLAHASSEE, FL

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

SECRETARY OF STATE TALLAHASSEE, FL

2021 AUG 27 AH 9: 07

ARTICLE I NAME: The name of the corporation is:

Miami Blue Med Supplies Corp

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

10211 W Sample Rd Suite 117

Coral Springs FL 33065

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

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Ruber Lambertt President

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Ruber Lambertt

10211 W Sample Rd, Suite 117

Coral Springs, FL 33065

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

Ruber Lambertt

10211 W Sample Rd Suite 117, FL 33065

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

| Λ | a set to det di dia capacity |
|------------------|------------------------------|
| Registered Agent | B-77-24 |

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 Date

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