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.

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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 PICADO MEDICAL SUPPLY INC Certificate of Status 0 Certified Copy 1 Page Count 03

Estimated Charge

\$78.75

ARTICL	ES OF IT	VCORPO	RATTON

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

Effective Date: 1-1-22

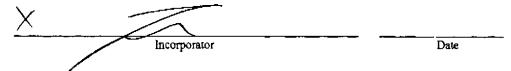
. ARTICLE I NAME: The name of the corporation is:
PICADO MEDICAL SUPPLY INC
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
2460 SW 137 AVE SUITE 206
Miami FL 33175
ARTICLE III SHARES: The number of shares of stock is:
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
Alain Picado
(P)
202
5
9 "
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is: ALAIN PICADO
2460 SW 137 Ave Ste 206
MIAMI FL 33175
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
ALAIN PICADO
2460 SW 137 Ave Ste 206
MIAMI FL 33175

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



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.



2021 DEC -6 AH 9: 12