

P21000 103315Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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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
PRECISION SERVICE MEDICAL EQUIPMENT CORPORATION

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

6:00 PM 01/03/2022

2021 DEC 10 PM 12:47

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

Effective Date 1/1/2022

ARTICLE I NAME: The name of the corporation is:Precision Service Medical Equipment Corporation**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

17341 SW 117 CTMiami FL 33177**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Pedro Carnero (P)

2021 DEC 10 PM 12:47

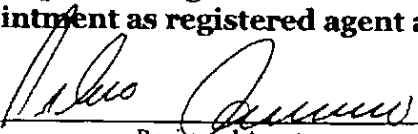
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Pedro Carnero17341 SW 117 CTMiami FL 33177**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Pedro Carnero17341 SW 117 CTMiami FL 33177

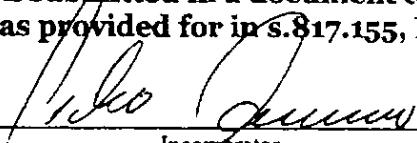
Required Signatures:

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 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 Date