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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 ROYALTY MEDICAL SUPPLY CORP

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

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## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

**ARTICLE 1** NAME: The name of the corporation is:

ROYALTY MEDICAL SUPPLY COMP
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
- 2550 NW 72 AVE STE 213
miami fl 33122
ARTICLE III SHARES: The number of shares of stock is: 100
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
ROSHELY CARMONA (P)
ARTICLE V UNITIAL REGISTERED AGENT AND STREET ADDRESS.
The name and Florida street address (PO Box not acceptable) of the registered agent is:
Rosmely carmong
2550 NW 72AVC Ste 21355 3 [T.
miami f1 33122 === ==
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
Rosmely Carmona
2550 NW 72Ave Ste 213
miam +1 33127

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

Registered Agent

02/09/22 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

02/09/72 Date

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