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FLORIDA DEPARTMENT OF STATE  
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COMMERCIAL SERVICES

**FLORIDA PROFIT/NON PROFIT CORPORATION  
BREEZELINE MED SUPPLY INC**

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



FLORIDA DEPARTMENT OF STATE

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**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**The name of the corporation shall be: BREEZELINE MED SUPPLY INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

9010 SW 137 AVE STE 201MIAMI, FL 33186**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: EDGAR LEE OROZCO (P)

Name and Title: \_\_\_\_\_

Address 9010 SW 137 AVE STE 201

Address: \_\_\_\_\_

MIAMI, FL 33186

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

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 Address \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: EDGAR LEE OROZCO  
 Address: 9010 SW 137 AVE STE 201  
MIAMI, FL 33186

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: EDGAR LEE OROZCO  
 Address: 9010 SW 137 AVE STE 201  
MIAMI, FL 33186

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

/s/ Edgar Lee Orozco  
 Required Signature/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.*

/s/ Edgar Lee Orozco  
 Required Signature/Incorporator

\_\_\_\_\_  
 Date

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 MIAMI, FLORIDA