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Florida Department of State
Division of Corporations
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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
REGISTRATION SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION BLUE LEAF MED SUPPLIES INC

Certificate of Status	0
Certified Copy	1
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28

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: BLUE LEAF MED SUPPLIES INCARTICLE II PRINCIPAL OFFICEPrincipal ~~street~~ address

Mailing address, if different is:

313 Palm AveHialeah FL 33010ARTICLE III PURPOSEThe purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESSARTICLE IV SHARESThe number of shares of stock is: 1,000ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: Miriala Gutierrez-Pres Name and Title: _____Address 313 Palm Ave Address: _____Hialeah FL 33010

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Miriala Gutierrez
 Address: 313 Palm Ave
Hialeah FL 33010

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Miriala Gutierrez
 Address: 313 Palm Ave
Hialeah FL 33010

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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.*

 Required Signature/Registered Agent

04/26/2022
 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.

 Required Signature/Incorporator

04/26/2022
 Date