

Florida 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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**FLORIDA PROFIT/NON PROFIT CORPORATION
 AVILA'S MEDICAL SUPPLY INC**

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

RECEIVED
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FLORIDA
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

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

Avila's Medical Supply Inc

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

8900 SW 107 ave Miami FL 33176
Suite 208

ARTICLE III **SHARES:** The number of shares of stock is: 100

ARTICLE IV . INITIAL DIRECTORS AND/OR OFFICERS;

Noel Ferrer Rodriguez (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Noel Ferrer Rodriguez

8900 SW 107 ave Miami FL 33176
Suite 208

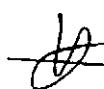
ARTICLE VI **INCORPORATOR:** The name and address of the incorporator is:

Noel Ferrer Rodriguez

8900 SW 107 ave Miami FL 33176
Suite 208

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

2022 MAY -5 PM 12:44
LAW OFFICES OF
LAZARUS CORPORATE
1000 N BROAD ST
PHILADELPHIA PA 19101