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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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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.

E41	Address:	
FIBS 77	AUUITESS:	

FLORIDA PROFIT/NON PROFIT CORPORATION ACA MEDICAL SUPPLIES, INC

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

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1	NAME:	The name	of the cor	rporation is:
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ARTICLE II PRINCIPAL OFF	FICE;
The principal street address and mailing	; address is:
4re. 108	
MiAMi, FL 33126	
TCLE III SHARES: The number of shares of sto	ock is:
ARTICLE IV INITIAL DIRECTORS AN	D/OR OFFICERS:
CLAUDÍA DE LA GUARDÍA	(P)
_	
	AND STREET ADDRESS:
DTICLE V INTELL. REGISTERED AGENUA	
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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.

гротают

Date

2022 SEP 12 AM 5: 06