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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
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Email Address:

**FLORIDA PROFIT/NON PROFIT CORPORATION
ALL MED 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 I NAME: The name of the corporation is:**All Med Supplies Inc****ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

BRANDY GUZMAN
15305 NW 60TH AVENUE SUITE 100
MIAMI LAKES, FL 33014**ARTICLE III SHARES:** The number of shares of stock is: **100****ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:****(P) BRANDY GUZMAN**

10/12/2022 14:30 AM 659

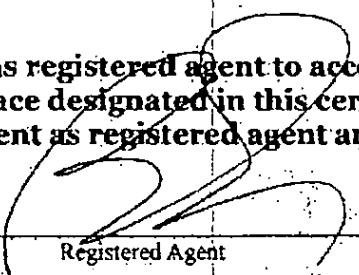
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

BRANDY GUZMAN
15305 NW 60TH AVENUE SUITE 100
MIAMI LAKES, FL 33014**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:**BRANDY GUZMAN**
15305 NW 60TH AVENUE SUITE 100
MIAMI LAKES, FL 33014

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

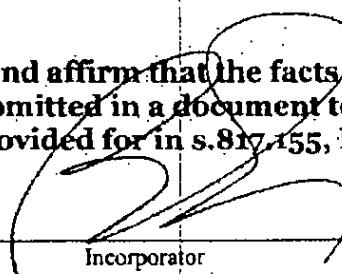


10/10/2022

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.817.55, F.S.



10/10/2022

Incorporator

Date

10/10/2022
Incorporator
Date
10/10/2022
Registered Agent
Date