

# Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

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.

((H23000004329 3)))



H230000043293ABCX

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

**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.\*\***

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

## FLORIDA PROFIT/NON PROFIT CORPORATION MY MED SUPPLY INC

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

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2023 JAN -4 AM 10:50

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

T. SCOTT

JAN - 5 2023

2023 JAN -4 PM 4:41

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:MY MED SUPPLY INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

5601 PALM AVE HIALEAH, FL 33012DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2023 JAN -4 AM 10:52

FILED

**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**NORLYS O. GUERRA LEYVA (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

NORLYS O. GUERRA LEYVA  
5601 PALM AVE HIALEAH, MIAMI, FL 33012**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:NORLYS O. GUERRA LEYVA  
5601 PALM AVE HIALEAH, MIAMI, FL 33012

**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

NOEL

Registered Agent

01/04/2023  
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.

NOEL

Incorporator

01/04/2023  
Date