

**P23000006926**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:

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**FLORIDA PROFIT/NON PROFIT CORPORATION  
LEVEL UP MEDICAL SUPPLIES INC**

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

2023 6 PM 3:26

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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:LEVEL up MEDICALSUPPLIES INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

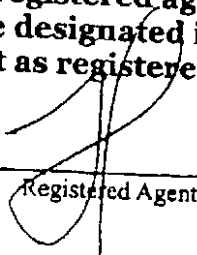
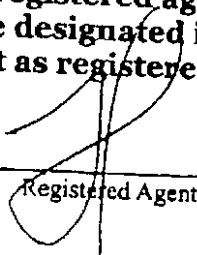
6073 NW 167th St Suite C-9 Miami FL  
33015**ARTICLE III SHARES:** The number of shares of stock is:100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**JOSHUA PHILIP PEREZ (P)  
  
  
  
  
**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

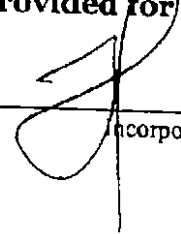
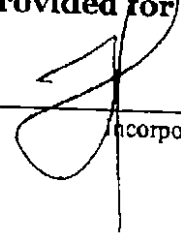
JOSHUA PHILIP PEREZ  
6073 NW 167th ST SUITE C-9  
MIAMI FL 33015**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:JOSHUA PHILIP PEREZ  
6073 NW 167th ST SUITE C-9  
MIAMI FL 33015

**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 1/26/23

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 1/26/23