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(((H230003908213)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I200000000019 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.

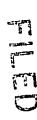
Email	Address:			

FLORIDA PROFIT/NON PROFIT CORPORATION SUPPLYING YOUR MEDICAL NEEDS, CORP

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

Electronic Filing Menu Corporate Filing Menu

Help





ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

Supplying Your Medical Need	ls, Corp	
ART	ICLE II PRINCIPAL OFFICE:	
The princi	ipal street address and mailing address	is:
6635 W Commercial Blvd #	#214 Fort Lauderdale, FL 33319	
<u></u>		**************************************
ARTICLE III SHARES	S: The number of shares of stock is: 10	00
ARTICLE IV	INITIAL DIRECTORS AND/OR O	FFICERS:
Jesus <u>Borrego President</u>		
		202
		3 70
		<u> </u>
	<u></u> .	(0) F
		m 5 5
	L REGISTERED AGENT AND STR et address (PO Box not acceptable) of the	ro
Jesus Borrego pogo vy Comi	mercial Blyd #214 Fort Lauderdale. F	<u>-L 333 9 </u>
<u></u>		
ARTICLE VI INCOR	PORATOR: The name and address of	the Incorporator is:
	nercial Blvd #214 Fort Lauderdale. Fl	

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

Rogistered Ayent

11-10-23 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 \$.817.155, F.S.

Incorporator

11-10-23

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