

7230001991

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.

((H23000390821 3)))



H230003908213ABC

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
SUPPLYING YOUR MEDICAL NEEDS, CORP

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

2023 NOV 13 AM 10:37
STATE
FEE, FL

FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Supplying Your Medical Needs, Corp**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

6635 W Commercial Blvd #214 Fort Lauderdale, FL 33319**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Jesus Borrego President

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Jesus Borrego 6635 W Commercial Blvd #214 Fort Lauderdale, FL 33319

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:Jesus Borrego 6635 W Commercial Blvd #214 Fort Lauderdale, FL 33319

2023 NOV 13 AM 10:38
FILED
CLERK OF DISTRICT COURT
STATE OF FLORIDA
NORTH DALLAS COUNTY

FILED

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

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

Date

2023 NOV 13 AM 10:38
DEPARTMENT OF STATE
TALLAHASSEE, FL

FILED