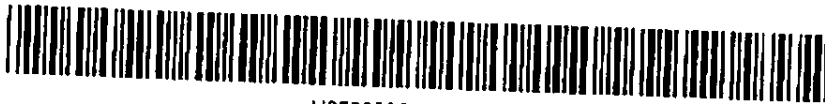


P25000055052

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.

((H25000351999 3)))



H250003519993ARCA

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
MORADA MEDICAL EQUIPMENT INC

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

FALL ASSOCIATION

2025 OCT -3 PM 12:02

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED
2025 OCT -3 AM 10:15

Second Request

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Morada Medical Equipment
INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

215 SW 17 AVE, Suite
202
Miami, FL 33135**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Bonney Portal Quinones
(P)

_____**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

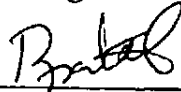
The name and Florida street address (PO Box not acceptable) of the registered agent is:

Bonney Portal Quinones
215 SW 17 Ave Suite 202
Miami, FL 33135**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Bonney Portal Quinones
215 SW 17 Ave Suite 202
Miami, FL 33135

EIN: 39-4645352

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

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

TALLAHASSEE, FLORIDA

2025 06-13 PM 12:02