

795000004510

BASIC ACCOUNTING SERVICES INC.

Requestor's Name  
692 W. 29 St. Ste #9

Address  
Hialeah Florida 33012

City State Zip  
305 887 4185

Phone#

CORPORATION NAME

FEDERAL MEDICAL SUPPLIES, INC.

(x) PROFIT CORPORATION ( ) NON PROFIT CORPORATION  
( ) LIMITED PARTNERSHIP ( ) ANNUAL REPORT ( ) RESERVATION  
( ) REINSTATEMENT ( ) OTHER  
( ) CERTIFIED COPY ( ) PHOTO COPIES ( ) CERTIFICATE  
UNDER SEAL  
( ) WALK IN ( ) WILL WAIT (XX) MAIL OUT ( ) CALL ( ) AFTER 30

Name  
Availability

Document  
Examiner

Updater

Updater  
Verifier

Acknowledgment

W.P. Verifier

FILED

95 JAN 17 PH 3:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900001382489  
-01/18/95--01017--015  
\*\*\*\*122.50 \*\*\*\*122.50

D. BROWN JAN 18 1995

**ARTICLE OF INCORPORATION**

**OF**

**FEDERAL MEDICAL SUPPLIES INC.**

**FILED**  
95 JAN 17 PM 3:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

**ARTICLE I NAME**

The name of the corporation shall be: FEDERAL MEDICAL SUPPLIES INC.

The principal place of business of this corporation shall be: 521 N.E. 175 St. North Miami Beach, Fl. 33162

**ARTICLE II NATURE OF BUSINESS**

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State, the State of Florida, or any other state, country, territory or nation.

**ARTICLE III CAPITAL STOCK**

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

100 X \$10.00 = \$1,000.00

**ARTICLE IV TERM OF EXISTENCE**

This corporation is to exist perpetually.

**ARTICLE V OFFICERS DIRECTORS**

The name(s) and street address(es) of the initial officer(s) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

Celia Vicente                      Director  
521 N.E. 175 St. North Miami Beach, Fl. 33162

**ARTICLE VI INCORPORATOR(S)**

The name(s) and street address(es) of the Incorporator(s) to these Article of Incorporation is (are):

Celia Vicente                      President, Secretary & Treasurer  
521 N.E. 175 St. North Miami Beach, Fl. 33162

The undersigned has(have) executed these Article of Incorporation this 11 day of January, 1995.

Celia Vicente  
Signature/Title

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

**FILED**  
95 JAN 17 PM 3:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0501 or 617.0501 Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: FEDERAL MEDICAL SUPPLIES INC.

2. The name and address of the registered agent and office  
is Celia Vicente

(Name)

521 N.E. 175 St.

(P. O. BOX NOT ACCEPTABLE)

North Miami Beach, Fl. 33162

(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS MY POSITION AS REGISTERED AGENT.

SIGNATURE

Celia Vicente

01-11-95

DATE