

P9500005090
TRANSMITTAL LETTER

FILED
95 JAN 17 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

100001383261
-01/18/95--01103--015
****131.25 ****131.25

SUBJECT: BIANCA MEDICAL EQUIPMENT & SUPPLIES INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

FROM: ANTONIO A ALVAREZ
Name (Printed or typed)
1545 MILLER RD
Address
CORAL GABLES FL. 33146
City, State & Zip

Antonio A. Alvarez GAVE
AUTHORIZATION BY PHONE TO (305) 666-7374 / (305) 250-6083 Beep
CORRECT Philip P. Brown Daytime Telephone number
DATE 1-19-95
DOC EXAM Philip P. Brown

NOTE: Please provide the original and one copy of the articles.

D. BROWN JAN 20 1995
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ARTICLES OF INCORPORATION
OF
BIANCA MEDICAL EQUIPMENT & SUPPLIES INC.

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ARTICLE ONE

THE NAME OF THE CORPORATION IS BIANCA MEDICAL EQUIPMENT & SUPPLIES INC.

ARTICLE TWO

THE PERIOD OF ITS DURATION IS PERPETUAL.

ARTICLE THREE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED IS THE TRANSACTION OF ANY OR ALL LAWFUL BUSINESS FOR WHICH CORPORATIONS MAY BE INCORPORATED UNDER THE FLORIDA CORPORATION ACT. AND SALE & DISTRIBUTION OF MEDICAL EQUIPMENT AND SUPPLIES.

ARTICLE FOUR

THE AGGREGATE NUMBER OF SHARES WHICH THE CORPORATION SHALL HAVE AUTHORITY TO ISSUE IS 100 (ONE HUNDRED) OF THE PAR VALUE OF DOLLARS (\$0.00) EACH.

ARTICLE FIVE

THE CORPORATION WILL NOT COMMENCE BUSINESS UNTIL IT HAS RECEIVED FOR THE ISSUANCE OF SHARES CONSIDERATION OF THE VALUE OF \$1000.00 CONSISTING OF MONEY, LABOR DONE OR PROPERTY ACTUALLY RECEIVED.

ARTICLE SIX

THE STREET ADDRESS OF ITS INITIAL REGISTERED OFFICE IS 1545 MILLER RD. CORAL GABLES, FL 33146 AND THE NAME OF ITS INITIAL REGISTERED AGENT AT SUCH ADDRESS IS ANTONIO A. ALVAREZ

ARTICLE SEVEN

THE NUMBER OF DIRECTORS CONSTITUTING THE INITIAL BOARD OF DIRECTORS IS TWO (2) AND THE NAME AND ADDRESSES OF THE PERSON OR PERSONS WHO ARE TO SERVE AS DIRECTORS UNTIL THE FIRST ANNUAL MEETING OF THE SHAREHOLDERS OR UNTIL THEIR SUCCESSORS ARE ELECTED AND QUALIFIED ARE:

CONTINUATION OF ARTICLE SEVEN.

NAME	MAILING ADDRESS
<u>ANTONIO A. ALVAREZ PRESIDENT & TREASURER</u>	<u>1545 MILLER RD. CORAL GABLES FL. 33146</u>
<u>ALICIA A. ALVAREZ VICE PRESIDENT & SECRETARY</u>	<u>1545 MILLER RD. CORAL GABLES FL. 33146</u>

A R T I C L E E I G H T

THE BOARD OF DIRECTORS IS EMPOWERED TO MAKE, ALTER OR REPEAL THE BYLAWS OF THE CORPORATION WITHOUT RESTRICTION OF THEIR POWERS CONFERRED BY STATUTE.

A R T I C L E N I N E

THE NAME AND ADDRESS OF EACH INCORPORATOR IS:

NAME	MAILING ADDRESS
<u>ANTONIO A. ALVAREZ</u>	<u>1545 MILLER RD. CORAL GABLES FL. 33146</u>

(SIGNED)



A R T I C L E T E N

THE POWERS OF THE INCORPORATORS CEASE UPON FILLING OF THE ARTICLES OF INCORPORATION.

THE PRINCIPAL PLACE OF BUSINESS FOR THE CORPORATION IS:

3191 CORAL WAY

SUITE 631

MIAMI, FLORIDA 33145

THE MAILING ADDRESS OF THE CORPORATION IS:

1545 MILLER ROAD

CORAL GABLES, FLORIDA 33146

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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: BIANCA MEDICAL EQUIPMENT & SUPPLIES INC.
(must include suffix)

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

ANTONIO A ALVAREZ
(Name)

1545 MILLER RD.
(Street address - P. O. Box not acceptable)

CORAL GABLES, FLORIDA 33146
(City/State/Zip)

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Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment 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 registered agent.


(Signature)

1-4-95
(Date)