H95000013083

10/[illegible] FAS-T CORPORATE AGENTS (305) 592-9591 P. 001

[illegible]/95 FLORIDA DIVISION OF CORPORATIONS 10:24 AM
PUBLIC ACCESS SYSTEM
(((H95000001698))) ELECTRONIC FILING COVER SHEET
TO: DIVISION OF CORPORATIONS FROM: FAS-T CORP. AGENTS, INC.
DEPARTMENT OF STATE 8405 NW 53RD ST
STATE OF FLORIDA SUITE C-100
400 EAST GAINES STREET MIAMI FL 33166- 301-
TALLAHASSEE, FL 32399 CONTACT: LIDIA FERNANDEZ
FAX: (904) 922-4000 PHONE: (305) 599-0839
FAX: (305) 592-9591
(((H95000001698))) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.
NAME: A.R. MEDICAL CORP.
FAX AUDIT NUMBER: H95000001698 CURRENT STATUS: REQUESTED
DATE REQUESTED: 09/10/1995 TIME REQUESTED: 10:23:56
CERTIFIED COPIES: 1 CERTIFICATE OF STATUS: 0
NUMBER OF PAGES: 3 METHOD OF DELIVERY: FAX
ESTIMATED CHARGE: $122.50 ACCOUNT NUMBER: 071001002335
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** ENTER 'M' FOR MENU. **
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ELECTRONIC PROCESSING MENU

2/16

95 SEP 15 AM 8:33

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

February 10, 1995

FAT-T- CORP. AGENTS, INC.

MIAMI, FL

SUBJECT: A.R. MEDICAL, CORP.
REF: W95000003182

We received your electronically transmitted document. However, the document has not been filed and needs the following corrections:

The entity name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved entity. Names of administratively dissolved entities are not available for one year from the date of administrative dissolution unless the dissolved entity provides the Department of State with a notarized affidavit executed as required by section 607.0120, 617.01201, 608.5135 or 608.4482 Florida Statutes, permitting the immediate assumption or use of the name by another entity.

Simply adding "of Florida" or "Florida" to the end of a name does not constitute a difference.

When the document is resubmitted, please return a copy of this letter to ensure proper handling.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6934.

Loria Poole
Corporate Specialist

FAX Aud. #: H95000001698
Letter Number: 995A00006103

H95000001698

ARTICLES OF INCORPORATION

OF

A.R. MEDICAL AND NUTRITIONAL CORP.

FILED
95 FEB 15 PM 2:54
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: A.R. MEDICAL AND NUTRITIONAL CORP.

The principal place of business of this corporation shall be: 312 East 63rd St.
Hialeah, Fl 33013

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 States, 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 Shares

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) and director(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):

Alvaro Rico 312 East 63rd St. Hialeah, FL 33013

Prepared by: Alvaro Rico
312 East 63rd St.
Hialeah, FL 33013
(305) 825-9839

H95000001698

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

Alvaro Rico 312 East 63rd St. Hialeah, FL 33013

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 10th day of February, 1995

Signature(s) of Incorporator(s)

H95000001698

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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: A.R. MEDICAL AND NUTRITIONAL CORP.

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

Alvaro Rico
(P.O. BOX NOT ACCEPTABLE)

312 East 63rd St. Hialeah, FL 33013
(CITY/STATE/ZIP)

SIGNATURE _____
(corporate officer)

TITLE Director

DATE 2/10/95

FILED
95 FEB 15 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE _____

DATE 2/10/95

REGISTERED AGENT FILING FEE:

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1996 SEP 25 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 95000013083

1. Corporation Name
A.R. MEDICAL AND NUTRITIONAL CORP.

Mailing Address
312 E 63 Rd. Street
Hialeah Florida
33013

Principal Place of Business
Same

ACCOUNT CHARGED
093227A06-401004--0013
****375.00 ****375.00

DO NOT WRITE IN THIS SPACE

2. Reinstating Address if Applicable
312 E 63 Rd. Street
Suite, Apt. #, etc.
City & State
Hialeah Florida
Zip 33013 Country USA

3. New Principal Address, if Applicable
Same
Suite, Apt. #, etc.
City & State
Same
Zip Same Country Same

4. Date Incorporated or Qualified To Do Business in Florida
February 15, 1996

5. FEI Number
65-0559687
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres	DUNIA ACEBAL	312 E 63 Rd. Street	Hialeah Fl. 33013
Secr	DUNIA ACEBAL	312 E 63 Rd. Street	Hialeah Fl. 33013

REINSTATEMENT

8. Name and Address of Current Registered Agent
Dunia Acebal
312 E 63 Rd. Street
Hialeah Florida 33013

9. Name and Address of New Registered Agent
Name: Same
Street Address (P.O. Box Number is Not Acceptable): Same
Suite, Apt. #, Etc.:
City: Same State: FL Zip Code: Same

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

New Registered Agent's Signature: [signature] Date: 09-24-1996

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] No ☐ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that I am an officer or director of the reservor or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name still has the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [signature] OFFICER OR DIRECTOR 9-24-96 261-3646

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