

Charter Number Only

P95000027911

VALIDATION ONLY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -7 PM 3:32

LAZARUS CORPORATE INDUSTRIES

Requestor's Name

890 S.W. 87 Ave. Suite 16

Address

MIAMI FL 33165 305-552-5073

City State ZIP Phone

local rep. TERESA ROMAN 305-6735

CORPORATION(S) NAME

PMA Medical Supplies Corp

2000001450022
-04/12/95--01017--015
***122.50 ***122.50

☒ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Reservation

☐ Change of Registered Agent

☒ Certified Copy

☐ Photo Copies

☐ Certificate Under Seal

☐ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

2100

W95.7492
509

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 6, 1995

LAZARUS CORPORATE INDUSTRIES, INC.
890 S.W. 87TH AVENUE
#16
MIAMI, FL 33174

SUBJECT: P M A MEDICAL SUPPLIES CORP.
Ref. Number: W95000007492

We have received your document for P M A MEDICAL SUPPLIES CORP. and check(s) totaling \$122.50. However, your check(s) and document are being returned for the following:

The corporate name must be identical throughout the document.

If you have any questions concerning the filing of your document, please call (904) 487-6915.

Kevin Nickens
Document Specialist

Letter Number: 995A00015808

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -7 PM 3:32

ARTICLES OF CORPORATION
OF
P M A MEDICAL SUPPLIES CORP.

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

ARTICLE I NAME

The name of the corporation shall be:

P M A MEDICAL SUPPLIES CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

8870-3 SW 40th ST # 126 MIAMI FL. 33165

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 SHARES OF \$5.00 EACH (\$500.00)

ARTICLE IV REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

PEDRO SOSA 8870-3 SW 40th ST # 126 MIAMI FL. 33165

ARTICLE V INCORPORATOR(S)

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

PEDRO SOSA 8870-3 SW 40th ST # 126 MIAMI FL. 33165

The undersigned has(have) executed these Articles of Incorporation this 4 Days of April 1995.

P. Sosa

Signature/Title

Signature/Title

Signature/Title

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

95 APR -7 PM 3:32

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:

P M A MEDICAL SUPPLIES CORP.

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

PEDRO SOSA

8870-3 SW 40th ST # 126

MIAMI FL. 33165

SIGNATURE

Pedro Sosa
(corporate officer)

TITLE

DATE

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

Pedro Sosa

DATE

REGISTERED AGENT FILING FEE: \$20.00