

950005855

TRANSMITTAL LETTER

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

100001538381
-07/14/95--01084--004
***122.50 ***122.50

SUBJECT: MARLON MEDICAL 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: Domingo Hernandez
Name (Printed or typed)
1305 West 39th Place
Address
HALEAH, FLORIDA 33012
City, State & Zip
305 - 885-6953
Daytime Telephone number

Please mail me the correspondence to the above address.

Thank you.

Domingo Hernandez

Domingo Hernandez

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

7/18/95
TX
1305-39th
cert
cert
6/27/95



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

July 18, 1995

DOMINGO HERNANDEZ
1305 WEST 39TH PLACE
HIALEAH, FL 33012

SUBJECT: MARLON MEDICAL SUPPLIES, INC.
Ref. Number: W95000014388

We have received your document for MARLON MEDICAL SUPPLIES, INC. and check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

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) 487-6878.

Terri Buckley
Corporate Specialist

Letter Number: 395A00034238

ARTICLES OF INCORPORATION

OF

MARLON MEDICAL SUPPLIES OF MIAMI, INC.
435 East Hialeah Dr., Suite No. 6
Hialeah, Fla. 33010

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:

MARLON MEDICAL SUPPLIES OF MIAMI, INC.

The principal place of business of this corporation shall be:

435 East Hialeah Drive, Suite No. 6
Hialeah, Fla. 33010

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: 500 Shares 1.00 Par Value each share.

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):

MARLON ESPINOSA 435 East Hialeah Drive, No. 6
Hialeah, Fla. 33010

ARTICLES VI INCORPORATOR(S)

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

MARLON ESPINOSA
435 East Hialeah Drive, No. 6
Hialeah, Fla. 33010

IN WITNESS WHEREOF, the undersigned incorporator(s) has have executed these Articles of Incorporation this 30th day of June, 19 95.

Signature(s) of incorporator(s)

Marlon Espinosa

STATE OF FLORIDA
COUNTY OF DADE

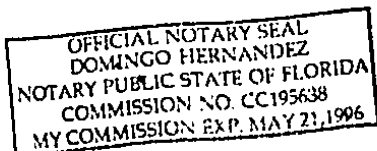
THE FOREGOING instrument was acknowledged and sworn to before me this 30th day of June, 19 95, by Marlon Espinosa
(Name of Incorporator)

of MARLON MEDICAL SUPPLIES OF MIAMI, INC.

(Name of Corporation)

Domingo Hernandez
Notary Public State of Florida

(SEAL)



My Commission Expires: 05-21-1996

ARTICLES OF INCORPORATION FILING FEE:

**CERTIFICATE DESIGNATING
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: MARLON MEDICAL SUPPLIES OF MIAMI, INC.

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

Marlon Espinosa

435 East Hialeah Drive, No. 6

(P. O. BOX NOT ACCEPTABLE)

Hialeah, Fla. 33010

(CITY/STATE/ZIP)

SIGNATURE 

Marlon Espinosa (Corporate Officer)

TITLE President-Secretary

DATE June 30, 1995

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 

Marlon Espinosa (Registered Agent)

DATE June 30, 1995

REGISTERED AGENT FILING FEE: