

P95000067956

FILED

TRANSMITTAL LETTER

95 AUG 28 10 42

TALLAHASSEE, FLORIDA

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

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SUBJECT: Prestige Medical Supplies Corp.
(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

Additional Copy Required

FROM:

OSCAR TORRES
Name (printed or typed)

1335 W. 19th PL Apt 206
Address

Hialeah FL 33012
City, State & Zip

305-633-0627
Daytime Telephone number

W95-16578

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

fil
1-1-95



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

August 16, 1995

OSCAR FARINA
1335 W. 49 PL
APT. 206
HIALEAH, FL 33012

SUBJECT: PRESTIGE MEDICAL SUPPLIES
Ref. Number: W95000016578

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

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock.

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) 487-6927.

Kathy Hyman
Document Specialist

Letter Number: 895A00038522

ARTICLES OF INCORPORATION

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95 AUG 22 PM 4:21

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:

Prosthetic Medical Supplies,
Corp

ARTICLE II PRINCIPAL OFFICE

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

1335 W 49 PL Apt 206
Hialeah FL 33012

ARTICLE III SHARES

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

Number of shares authorized	Par Value per share	Class of stock
10,000.00	\$ 1.00	Common

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

President - OSCAR PERINA
1335 W 49 PL Apt 206
Hialeah FL 33012

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

President OSCAR FARINA 1335 W 49 DL #706
Hialeah FL 33012

Treasurer RAFAEL FERNANDEZ 6701 NW 169 ST APT D-307
MIAMI, FL 33015

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

Wednesday day of 8 / 8 , 19 95

Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

Sworn and subscribed before me this 11th,
day of August, 1995. By Oscar Farina, who
appeared and identified himself with a driver's license

[Handwritten signature]

OFFICIAL SEAL
FRANK J. BELLO
My Commission Expires
Dec. 22, 1996
Comm. No. CC 245786

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

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95 AUG 28 PM 4:21

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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:

Prestige Medical Supplies,
Corp.

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

OSCAR FARINA
(NAME)
1335 W 49 PL APT 206
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)
Hialeah FL 33012
(CITY/STATE/ZIP)

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]

(SIGNATURE)

8/8/95

(DATE)

Witness and subscribed before me this 11th day of
August, 1995

[Signature]



OFFICIAL SEAL
NERY J. ILLITO
My Commission Expires
11/11/2006
Comm. No. CC 245786

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314