P950000936/

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 500000015776555 -09705795--0110--014 ++++122.50 ++++122.50

)Mを(さい) name - must include suff			
Enclosed is an origina for : \$70.00 Filing Fee	I and one (1) co \$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy Additional Copy	#131.25 Filing Fee, Certified Copy & Certificate	SECRE!	es esp -s
FROM:	Rosplinde Name	(printed or typed)	4110	E. STATE E. STERIDA	
ı	301.	y, State & Zip 8 15 13 45 Telephone number		Q	Χα ^c

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

FILED

ARTICLES OF INCORPORATIONS SEP -5 AM 8: 24

SECRETARY OF STATE TALL AHASSLES LURIDA

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:

Rosy's DME Corp

ARTICLE II PRINCIPAL OFFICE

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

5890 W 20 Ave Miplent KI. 33016

ARTICLE III SHARES

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

100@0.01

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

· Assolinda Peng 5890 w 20 Au

Neglech KI. 33016

MARMIN OTERO
Motory File (1987) 12 (1987) 14
My Cont.

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):

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

<u> </u>	Aug , 19 95.	
	Lorderch Leny	
	Signature	
	Signature	
	Signature	

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

Tietory Dubligat

MARVIN CTERO
Notary Peblic, Slots of Florida
My Comming products 12, 1907
Re. 00365235

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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 c	corporation is:	205415	BME	Carb		_
2. The name and ad	dress of the registe	ered agent and offic	e is:		* ** ** ** ** ** ** ** ** ** ** ** ** *	-
	Rosalin	Oc, Pere	<u> </u>		355 355 360	
	5840	w 20 A	Lue	. <u>.</u>	95 SEP -5	
	(P.O. Box	or Mail Drop Box NO	[ACCEPTABLE)		inini æ	
	plialea	h R1. 3	3016			C
•		(CITY/STATE/ZIP)			AM 8: 24 GF STATE E. FLORIDA	

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)

(DATE)

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



FLORIDA DEPARTMENT OF STATE Sandra B. Morthum Secretary of State

Fobruary 5, 1996

ROSY'S DME CORP. 5900 W. 20TH AVENUE SUITE 120 HIALEAH, FL 33016US

SUBJECT: ROSY'S DME CORP. Ref. Number: P95000069361

Debit Memo #: 0696-E

This is to inform you that your check #1085 in the amount of \$200.00 and submitted for ROSY'S DME CORP. has been returned to us by your bank because of ACCOUNT FROZEN.

We request that you remit a cashier's check or money order in amount of \$215.00 made payable to the Department of State. This amount will cover the unpaid fees and the service fee required by law under section 215.34, Florida Statutes.

When sending the cashier's check or money order, please refer to the debit memo number listed above and state that it is a replacement for the returned check mentioned above.

Please note that the documents filed by this office with the returned check will be cancelled unless a replacement check is received within 30 days from the date of this letter. Send the replacement check to:

Division of Corporations Attn: Pat Bailey P.O. Box 6327 Tallahassee, FL 32314

If you have any questions concerning this matter, please call (904) 487-6816.

Sincerely, Pat Bailey Accountant I Division of Corporations

Letter number: 096A00004942

Sandra B. Mortham Secretary of State

March 15, 1996

ROSY'S DME CORP. 5900 W. 20TH AVENUE SUITE 120 HIALEAH, FL 33016US

SUBJECT: ROSY'S DME CORP. Rof. Number: P95000069361

Debit Memo #: 0696-E

Due to your failure to respond to our previous letter, your Annual Report for ROSY'S DME CORP, has been cancelled and is considered not filed as of March 15, 1996.

Please refer to our previous letter advising you of the returned check.

Section 607.1421, Florida Statutes, requires us to give at least 60 days notice of our intent to administratively dissolve a Florida corporation or revoke the authority to transact business of a foreign corporation for failure to file the annual report and pay the filing fee. This will serve as your notice that if payment of \$215.00 is not received within the 60 day period, your corporation will be administratively dissolved or revoked and a reinstatement fee of an additional \$175 will be imposed.

Please send your response to:

Division of Corporations Attn: Pat Bailey P.O. Box 6327 Tallahassee, FL 32314