

P.96000006809

TRANSMITTAL LETTER

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

SUBJECT: VICTORIAN Medical Equipment Corp.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

<input type="checkbox"/> \$70.00 Filing Fee	<input type="checkbox"/> \$78.75 Filing Fee & Certificate	<input type="checkbox"/> \$122.50 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$131.25 Filing Fee, Certified Copy & Certificate
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FROM: Lilia Argote
Name (Printed or typed)

300001682483
-01/09/96--01059--012
****131.25 ****131.25

8507 NW 75 Street
Address

MIAMI FLORIDA 33126
City, State & Zip

(305) 262-8383 - 305 220-4486
Daytime Telephone number

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

*submitted
articles for
non-profit*

W96-803

54

1/22



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

January 10, 1996

LILIA ARGOTE
8507 NW 7 STREET
MIAMI, FL 33126

SUBJECT: VICTORIAN MEDICAL EQUIPMENT, CORP.
Ref. Number: W96000000803

We have received your document for VICTORIAN MEDICAL EQUIPMENT, CORP. and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

If this corporation should be filed with this office as a nonprofit corporation, the forms previously submitted are correct. If this corporation should be filed as a corporation for profit, I have enclosed the proper forms for your convenience.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation. A statement making reference to the bylaws is acceptable.

The articles of incorporation must be prepared in compliance with section 607.0202, Florida Statutes. Please refer to this section of the law.

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) 487-6924.

Sharon Tala
Document Specialist Supervisor

Letter Number: 096A00001302

ARTICLES OF INCORPORATION

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:

Victorian Medical Equipment, Corp.

ARTICLE II PRINCIPAL OFFICE

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

8507 NW 7 street, Miami, FL 33126

ARTICLE III SHARES

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

~~1000~~ 10 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Lilia Argote.
9375 Fontainebleau Blvd, L-110
Miami FL 33172

06 JUN 23 11:00
STATE
CLERK
TALLAHASSEE, FLORIDA

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):

Lilia Arqote,
9375 Fontainebleau Blvd, L-110
Miami, FL 33172

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

16 day of JANUARY, 19 96.



Signature

Signature

Signature

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

**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 corporation is:

Victorian Medical Equipment Corp.

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

Lilia Argote

(NAME)

9375 FOUNTAINBLEAU BLVD, L-110

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Miami, FL 33172

(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.

Lilia Argote

(SIGNATURE)

1/16/96

(DATE)