

H96000010388

CHARGE PLEASE ENTER YOUR PASSWORD TO ABANDON THIS PROCESS. ENTER 'M'.

2/01/96

FLORIDA DIVISION OF CORPORATIONS
PUBLIC ACCESS SYSTEM

11:40 AM

((H96000001550))

ELECTRONIC FILING COVER SHEET

TO: DIVISION OF CORPORATIONS

FROM: FAD-T CORP. AGENTS, INC.

DEPARTMENT OF STATE

8405 NW 53RD ST

STATE OF FLORIDA

SUITE C-100

AND POST OFFICE BOX 111

MIAMI FL 33157

TALLAHASSEE, FL 32301

CONTACT: LARRY L. LINDENBAUM

FAX: (904) 922-4000

PHONE: (305) 599-0839

FAX: (305) 592-9591

((H96000001550))

DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.O.

NAME: MENDEZ DME & SUPPLIES INC.

FAX AUDIT NUMBER: H96000001550

CURRENT STATUS: REQUESTED

DATE REQUESTED: 02/01/1996

TIME REQUESTED: 11:40:32

CERTIFIED COPIES: 1

CERTIFICATE OF STATUS: 0

NUMBER OF PAGES: 3

METHOD OF DELIVERY: FAX

ESTIMATED CHARGE: \$122.50

ACCOUNT NUMBER: 071001002335

Note: Please print this page and use it as a cover sheet when submitting documents to the Division of Corporations. Your document cannot be processed without the information contained on this page. Remember to type the Fax Audit number on the top and bottom of all pages of the document.

((H96000001550))

** ENTER 'M' FOR MENU. **

2/01/96

FLORIDA DIVISION OF CORPORATIONS

11:40 AM

Wk 254
Re-Sent per vcd last pg only.

FILED
96 FEB -1 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Signature]

RECEIVED
96 FEB -1 PM 1:21
DIVISION OF CORPORATIONS

H96000001550

ARTICLES OF INCORPORATION

OE

MELENDEZ DME & SUPPLIES INC.

FILED
SEP-1 PM 4:15
HIALEAH, FLORIDA

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: MELENDEZ DME & SUPPLIES INC.

The principal place of business of this corporation shall be: 1131 West 53rd. Terrace
Hialeah, Fla. 33012

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: 100 Shares at \$1.00 par value.

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):

President: MICHAEL MENDEZ
593 96 5953
1131 West 53rd. Terrace
Hialeah, Florida, 33012

Prepare by: Michael Mendez
1131 West 53rd. Terr.
Hialeah, Fla. 33012
(305) 887-8075

H96000001550

H96000001550

ARTICLE VI INCORPORATOR(S)

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

MICHAEL MENDEZ, 1131 West 53rd, Terrace
Hialeah, Fla. 33012

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 1st day of February, 19 96

Signature(s) of Incorporator(s)

Michael Mendez

H96000001550

H96000001550

**CERTIFICATE OF DESIGNATION
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: MENDEZ DME & SUPPLIES INC.

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

MICHAEL MENDEZ 1131 West 53rd Terrace, Hialeah, Fla. 33012
(P.O. BOX NOT ACCEPTABLE)

Hialeah, Fla. 33012

(CITY/STATE/ZIP)

SIGNATURE Michael Mendez

TITLE President

DATE February 1st, 1996

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 Michael Mendez

DATE February 1st, 1996

REGISTERED AGENT FILING FEE:

H96000001550