

P96000012704

1. Name of the person or organization applying for the
Registration: **Edgemoor**

2. Name of the person or organization to be
Registered: **Edgemoor**

3. Name of the person or organization to be
Registered: **Edgemoor**

4. Name of the person or organization to be
Registered: **Edgemoor**

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Office Use Only

5. Information about the person or organization to be registered (if known)

Registration Name

Registration #

Registration Name

Registration #

Registration Name

Registration #

Registration Name

Registration #

☐ Valid to

☐ End up time

☐ Certified Copy

☐ Not valid

☐ Not valid

☐ Not valid

☐ Not valid

AMENDMENTS

- Name
- Address
- Contact Person
- Contact Info
- Other

AMENDMENTS

- Amendment
- Registration of 1 - Office of the Clerk
- Change of Registration Date
- Registration/Withdrawal
- Other

OTHER NOTES

- Annual Report
- Certificate of Registration
- Form of Registration

REGISTRATION/AMENDMENT

- Change
- Contact Information
- Registration
- Withdrawal
- Other

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Informational

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FLORIDA DEPARTMENT OF STATE
Randall B. Marshall
Secretary of State

February 6, 1988

EXAROUS CORPORATION INCORPORATED, INC.
1401 S.W. 47 AVENUE, 4TH
MIAMI, FL 33174

ORDER OF THE FLORIDA SECRETARY OF STATE
File Number: W0800002001

We have received your document for EXAROUS CORPORATION INCORPORATED, INC., 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 registered agent and registered office listed in your articles of incorporation must be consistent throughout the document.

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 (305) 487-4975.

Carrollan Gordon
Document Specialist

Letter Number: 706ACK0056205

ARTICLES OF INCORPORATION

OF

DOUBLE N MEDICAL EQUIPMENT INC.

THE UNDERSIGNED, has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

DOUBLE N MEDICAL EQUIPMENT INC.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposes proposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:
To have perpetual succession by its corporate
name; DOUBLE N MEDICAL EQUIPMENT INC.

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of \$10.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

LUIS AVILA.
13226 NW 8TH TERRACE
MIAMI, FL. 33182

The principal office shall be:

13220 SW 8TH STREET
SUITE 210
MIAMI, FL 33184

ARTICLE VI

The initial Board of Directors shall consist of a total of ONE (01) person, and the name and address of the person who is to serve as an initial director is:

LUIS AVILA.
13226 NW 8TH TERRACE
MIAMI, FL 33182

1000

PRESIDENT

The name and address of the incorporator executing these Articles of Incorporation is:

LUIS AVILA.
13226 NW 8TH TERRACE
MIAMI FL 33182

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this 2nd day of February, 1996



LUIS AVILA.

STATE OF FLORIDA)
) ss.
COUNTY OF DADE)

BEFORE ME, a notary public authorized to take acknowledgements in the state and county set forth above, personally appeared LUIS AVILA known to me and known by me to be the person(s) who executed the foregoing Article of Incorporation, and she acknowledged before me that she executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the state and county aforesaid, this 2nd day of February, 1996

NOTARY PUBLIC, STATE OF FLORIDA
AT LARGE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

Pursuant to the provision of sections 607.0501 or 617.0501, 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:

DOUBLE N MEDICAL EQUIPMENT INC.

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

**LUIS AVILA
13226 NW 8TH TERRACE
MIAMI, FL 33182**

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 _____

February 2nd, 1996