

P96000031276

HAZARDUS CORPORATE INDUSTRIES, INC.

Requestor's Name

890 S.W. 87 AVENUE SUITE 16

Address

MIAMI, FLORIDA 33174 (305)552-5973

City/State/Zip

Phone #

LOCAL REPRESENTATIVE TALLAHASSEE

96 APR 10 AM 11:12

DIVISION OF REGISTRATION

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. ALLINDO MEDICAL SUPPLY, INC.

(Corporation Name)

(Document #)

2. Translation: WORLD Medical Supply, Inc.

(Corporation Name)

(Document #)

3. _____

(Corporation Name)

(Document #)

4. _____

(Corporation Name)

(Document #)

☒ Walk in

☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

| NEW FILINGS | |
|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Profit |
| <input type="checkbox"/> | NonProfit |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

| AMENDMENTS | |
|--------------------------|--|
| <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of R.A., Officer/ Director |
| <input type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

500001775335
-04/10/96--01040--023
*****122.50 *****122.50

| OTHER FILINGS | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/ QUALIFICATION | |
|--------------------------------|---------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

Call for
Transf.
change name
to Allindo
Medical
Supply, Inc.

TALLAHASSEE, FLORIDA

APR 10 PM 1:12

SN

APR 10 1996

Examiner's Initials

ARTICLES OF INCORPORATION
OF
MUNDO MEDICAL RENTAL, INC.

The undersigned natural person acting as incorporator of a corporation under the provisions of the Florida General Corporation Act, hereby adopts the following ARTICLES OF INCORPORATION:

ARTICLE I
NAME & ADDRESS OF THE CORPORATION

The name & address of the Corporation is:
MUNDO MEDICAL RENTAL, INC.
4471 NW 36TH STREET # 222 # 222
MIAMI SPRINGS, FL 33186

ARTICLE II
DURATION

The period of duration of the Corporation is: Perpetual

ARTICLE III
PURPOSE

The purpose of the Corporation is: To engage for profit in the transaction of business permitted under the laws of the United States and the State of Florida.

ARTICLE IV
CAPITAL

The corporation shall have authority to issue and have outstanding not more than FIVE HUNDRED (500) shares of common stock, each having a par value of ONE DOLLAR.

The stock shall be payable in cash, property, labor or any other services at a just valuation to be fixed by the Board of Directors at a meeting called for that purpose.

The Corporation shall not commence business until it has received not less than ONE HUNDRED DOLLARS (\$100) in payment for the issuance of shares of stock.

**ARTICLE V
INITIAL REGISTERED ADDRESS
REGISTERED AGENT**

The initial address of the Corporation is: 4471 NW 38TH STREET #222, MIAMI SPRINGS, FL 33186, and the initial Registered Agent of the Corporation is: CARLOS A. GARAICOA, an individual resident of the State of Florida, whose business office is at 644 NW 123RD PATH, MIAMI, FL 33182.

**ARTICLE VI
OFFICERS**

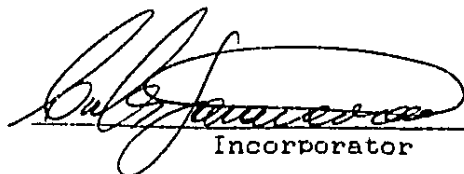
The initial officers of the corporation and their addresses:

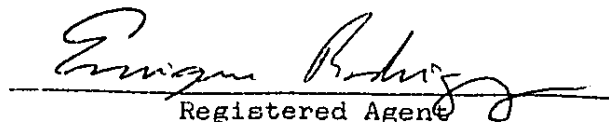
| NAME | ADDRESS |
|---|-----------------------------------|
| CARLOS A. GARAICOA President/Treasurer | 644 NW 123RD PATH MIAMI FL 33182 |
| ENRIQUE RODRIGUEZ Vice/President/Secretary | 11256 SW 159TH AVE MIAMI FL 33196 |

**ARTICLE VII
INCORPORATION**

The name and street address of the incorporator of this Corporation is: CARLOS A. GARAICOA, 644 NW 123RD PATH, MIAMI, FL 33182.

EXECUTED THIS APRIL 03, 1996, in Miami, Florida.


Incorporator


Registered Agent

VERIFICATION

STATE OF FLORIDA)
COUNTY OF DADE)

I, the undersigned, a Notary Public duly commissioned to take acknowledgments and administer oaths in the State of Florida, do hereby certify that on this day, personally appeared before me

CARLOS A. GARAICOA

who, being by me first duly sworn, declared that he is the incorporator referred to in Article IX of the foregoing Articles of Incorporation and that he signed these articles as such and that the statements contained therein are true.

WITNESS my hand and Notarial Seal

this APRIL 03, 1996.



OFFICIAL SEAL
FLORENCE AUDIN
My Commission Expires
March 16, 1997
Commission No. QQ 260162

Florence Audin

NOTARY PUBLIC STATE OF FLORIDA

**CERTIFICATE DESIGNATING
REGISTERED AGENT/REGISTERED
OFFICE**

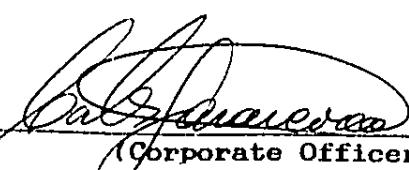
Pursuant to the provisions of section 607.501 or 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

- 1.- The name of the corporation is **MUNDO MEDICAL RENTAL, INC.**
- 2.- The name and address of the registered agent and office is:
CARLOS A. GARAICOA
644 NW 123RD PATH
MIAMI, FL 33182

PHONE: (305) 889-5998

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 provision 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


(Corporate Officer)

TITLE: PRESIDENT

DATE: APRIL 03, 1996

RECORDED & INDEXED
TALLAHASSEE, FLORIDA

06 APR 10 PM 1:12

P96000031276

LAZARUS CORPORATE INDUSTRIES, INC.
Requestor's Name

890 S.W. 87 AVENUE SUITE 16
Address

MIAMI, FLORIDA 33174 (305) 552-5973
City/State/Zip Phone #

LOCAL REPRESENTATIVE TALLAHASSEE

SECRETARY OF STATE
-07/18/96--01052--012
*****00 *****00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. MUNDO MEDICAL RENTAL, INC.
(Corporation Name) (Document #)
2. Amend
(Corporation Name) (Document #)
3.
(Corporation Name) (Document #)
4.
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:04 ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

| NEW FILINGS | |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit |
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|----------------------------|---------------------|
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| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

FILED
96 JUN 18 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
55 JUN 19 AM 11:09
DIVISION OF CORPORATIONS

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF

FILED
96 JUL 18 AM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MUNDO MEDICAL RENTAL, INC
(present name)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: (indicate article number(s) being amended, added or deleted)

ARTICLE VI need to be changed
ENRIQUE, RODRIGUEZ is no longer V/P &
Secretary (11256 SW 159th Ave MIAMI FL 33196)
New Vice-President & Secretary is
THOMAS URVANO, LANDAUERA MATUTE
11256 SW 159 AVE MIAMI FL 33196

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

N/A

THIRD: The date of each amendment's adoption: 07/17/96

FOURTH: Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

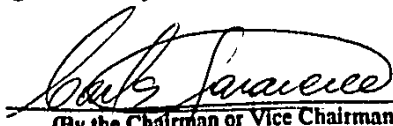
"The number of votes cast for the amendment(s) was/were sufficient for approval by _____ voting group."

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this day 17 of July, 19 96

Signature



(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

CARLOS A. GARAICOA

Typed or printed name

PRESIDENT

Title