

P96000033235

TRANSMITTAL LETTER

Department of State
Division of Corporations
409 EAST GAIN ST,
TALLAHASSEE, FLA, 32399.

000001778510
-04/12/96--01055--019
***122.50 ***122.50

SUBJECT: C & L MEDICAL EQUIPMENT, INC.
(proposed corporate name)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
SS APR 12 PM 12:44

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$ 122.50.

FROM: CARLOS L. ESTRADA
Name
2265 S.W. 31 AVE
Address
MIAMI, FLORIDA 33145
City, State, & Zip
(305) 443-0252
Telephone Number

Note: Additional copy of articles is needed only when certified copy is requested.

gg 4/17/96

ARTICLES OF INCORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

OF

96 APR 12 PM 12:44

C & L MEDICAL EQUIPMENT, INC.

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.

C & L MEDICAL EQUIPMENT, INC.
2265 S.W. 31 AVE
MIAMI, FLORIDA 33145.

ARTICLE I NAME

The name of the corporation shall be:

C & L MEDICAL EQUIPMENT, INC.
2265 S.W. 31 AVE
MIAMI, FLORIDA 33145.
305-529-4874.

ARTICLE II PRINCIPAL OFFICE

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

C & L MEDICAL EQUIPMENT, INC.
2265 S.W. 31 AVE
MIAMI, FLORIDA 33145.
305-529-4874

ARTICLE III CAPITAL STOCK

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

100 SHARES NON PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT
AND ADDRESS

The name and address of the initial registered agent is:

CARLOS I, ESTRADA
2265 S.W. 31 AVE
MIAMI, FLORIDA 33145.

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

CARLOS I. ESTRADA
2265 S.W. 31 AVE
MIAMI, FLORIDA 33145.

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

29 day of MARCH, 1996.

Carlos I. Estrada **PRESIDENT**
Signature/Title

Carlos I. Estrada
Signature/Title

Carlos I. Estrada
Signature/Title

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 APR 12 PM 12:44

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: C & L MEDICAL EQUIPMENT, INC.

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

CARLOS I. ESTRADA
(NAME)

2265 S.W. 31 AVE
(P.O. BOX NOT ACCEPTABLE)

MIAMI, FLORIDA 33145
(CITY/STATE/ZIP)

SIGNATURE

Carlos I. Estrada
(corporate officer)

TITLE

PRESIDENT Carlos I. Estrada

DATE MARCH 29, 1996

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

Carlos I. Estrada

DATE MARCH 29, 1996

REGISTERED AGENT FILING FEE: \$35.00