P96000 33544 Requestor's Name

890 S.W. 87 AVENUE SUITE: 16

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

LOCAL REPRESENTATIVE TALLAHASSEE

400001782564 -04/16/96--01113--011 ****122.50 ****122.50 Office Use Only

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

1. <u>BRAND</u>	MEDICAL C	SUPPLIES CORPURATION
2(Corp	oration Name)	(Document #)
3(Согра	oration Name)	(Document #)
4(Corp.	oration Name)	(Document #)
	Pick up time	tocopy
NEW FILINGS	AMENDMENTS	7 FII 4: 02
Profit	Amendment	
NonProfit	Resignation of R.A., Off	· ·
Limited Liability	Change of Registered A	Agent
Domestication	Dissolution/Withdrawal	<u> </u>
Other	Merger	
OTHER FILINGS	REGISTRATIO	SET SET VED 96 KPR 16 KM11: 14 91/15/6/10 GF CORPORATION ON
Annual Report	Foreign	The same of the sa
Fictitious Name	Limited Partnership	1011
Name Reservation	Reinstatement	_
	Trademark	W96-8167 SN APR 17 1596
	Other	SN / APR 17 1496

Examiner's Initials



April 16, 1996

LAZARUS CORPORATE INDUSTRIES, INC. 890 SW 87 AVE., STE. 16 MIAMI, FL 33174

SUBJECT: BRANDY MEDICAL SUPPLIES CORPORATION

Ref. Number: W96000008167

We have received your document for BRANDY MEDICAL SUPPLIES CORPORATION 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on tile.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

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) 487-6052.

Sandy Ng Document Specialist

Letter Number: 396A00017595

ARTICLES OF INCORPORATION

INLLAHASSEE, FLORIDA

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:

BRANDY MEDICAL SUPPLY CORPORATE INDUSTRIES, INC.

ARTICLE II PRINCIPAL OFFICE

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

7105 S.W 8 ST. SUITE 302 MIAMI.FL 33144

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: DANIIL VALDES 7105 S.W 8 ST. SUITE 302 MIAMI, FL. 33144

ARTICLE V INCORPORATOR(S)

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

DANIEL VALDES/PRESIDENT, VICE-PRESIDENT, SECRETARY, TREAS. 7105 S.W 8 ST. SUITE 302 MIAMI, FL. 33144

ARTICLE VI DIRECTOR(S)

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

DANIEL VALDES/PRESIDENT, VICE-PRESIDENT, SECRETARY, TREASURER.

7105 S.W 8 ST. SUITE 302

MIAMI, FL. 33144

The und	tersigned in	corporator(s) has(have)	executed these Articles of Inc	orporation this
	15	day of .	APRIL	, 19 <u>96</u> .	
				Dordlolla	
				Signature	
			*****	Signature	
				Signature	

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions 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: BRANDY MEDICAL SUPPLY O	CORPORATE	INDUSTRIES,	INC
2.	The name and address of the registered agent and office is:			
	DANIEL VALDES			
	(NAME)	است	()	
	7105 S.W 8 ST. SUITE 302			
	(P.O. BOX <u>NOT</u> ACCEPTABLE)	ins		
	MIAMI, Fb. 33144	1.1. 1.1. 1.1.	22 23	
	(CITY/STATE/ZIP)		· 45 0 / 四	
		ORIDA	(P)	

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	Vanid weles.
DATE	4. 15-96.