# P96000000530

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

100001901941 -04/30/96--01081--002 \*\*\*\*122.50 \*\*\*\*122.50

SUBJECT:	CINTRUS MEDICA	\L SUPPLY , INC	<u>:</u>	
Enclosed is an origi		name - must include au		A 10 M 8 4
for :  \$70.00  Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy Additional Cop	\$131.25 Filing Fee, Certified Copy & Certificate	\$:** <sup>*</sup>
FROM	A. ERIC MOS	S	<u> </u>	
PROMI.		Name (printed or typed)		
	1225 TN.	E 124ST #28A		0200
		Address		9/0 1/5/0
	- MIAMI, E	33161 ty, State & Zip		96 - 9370 Jake
	305- 89	926355		B/2/1
	Daytime	Telephone number		TIB

NOTE: Please provide the original and one copy of the articles.



May 2, 1996

ERIC MOSS 1225 NE 124TH STREET STE 28A MIAMI, FL 33161

SUBJECT: CINTRUS MEDICAL SUPPLY, INC.

Ref. Number: W96000009370

We have received your document for CINTRUS MEDICAL SUPPLY, INC. and check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned to you for the following reason(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 (904) 487-6878.

Terri Buckley Corporate Specialist

Letter Number: 996A00021302

# ARTICLES OF INCORPORATION

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:

CINTRUS MEDICAL SUPPLY , INC.

### ARTICLE II PRINCIPAL OFFICE

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

1225 N.E 124 ST #28A MIAMI FL 33161

### ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

ERIC MOSS 891 N.W 55Terr: MIAMI ,FL 33127

# ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

ERIC MOSS 891 N.W 55TER. MIAMI ,FL 33127

The undersigned i	incorporator(s)	has(have) executed these Articles of Incorporation this
22 day of _	April	, 19 <u>9 6</u> .
(An additional arti	cle must be ad	ded if an effective date is requested.)
	Euri	More
•		Signature
•		Signature
-		Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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.

-4. LO

1. The name of the corporation	nis: CINTRUS MEDICAL SUPPLY, INC	
	MIAMI, FL 33161	700 100 17
2. The name and address of t	he registered agent and office is:	100 PM 80 ST
ERIC M	oss	₽. N
•	(Name)	•
891	N.W. 55TERR. (P.O. Box of Mail Drop Box NOT Acceptable)	
MIAMI,	FL 33127 (CITY/STATE/ZIP)	

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.

Evic Moss	4-22-96	
(SIGNATURE)	(DATE)	