P96000050067

TRANSMITTAL LETTER

FILED
96 JUN 10 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

000001857500
-06/11/96--01027--002
****122.50 ****122.50

SUBJECT: Associated Medical Equipment & Supply Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

- ☐ $70.00 Filing Fee
- ☐ $78.75 Filing Fee & Certificate
- ☒ $122.50 Filing Fee & Certified Copy
- ☐ $131.25 Filing Fee, Certified Copy & Certificate

Additional Copy Required

FROM: Orlando Rey
Name (printed or typed)

9745 SW 72nd St #220
Address

Miami - Fl. 33173.
City, State & Zip

(305) 220-5513
Daytime Telephone number

Per conversation w/ orlando Rey. Go ahead and file. Client is aware of similar name doc.# P95000076829
6-12-96

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

6-12-96

ARTICLES OF INCORPORATION

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TALLAHASSEE, 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:

Associated medical Equipment and Supply Inc.

ARTICLE II PRINCIPAL OFFICE

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

9745 Sunset Drive Suite 220
miami-Fl. 33173.

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ORLando Rey
3840 SW 121 Ave
miami-Fl. 33172.

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):

ORLando Rey 9745 S.W. 72 St. #220
miami - Fl. 33173.
(SOLE owner)

The PURPOSE OF the CORPORATION is to Render Services OF medicAL equipmenT- SAles And RenTALS OF medicAL equipmenT.

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

5Th day of June, 19 96.

(An additional article must be added if an effective date is requested.)

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

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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: Associated Medical Equipment and Supply Inc.

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

Orlando Rey
(NAME)

3840 SW 121 Ave
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

Miami - Fl. 33172
(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.

(SIGNATURE)

6-05-96.
(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314