

P96000063419

FILED

BARBARA RODRIGUEZ

Requestor's Name

930 HALEGH DR. #14

Address

Hialeah, FL 33010

City/State/Zip

Phone #

96 JUL 30 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300001863413

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****122.50 ****122.50

Office Use Only

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

1. SANTA BARBARA MEDICAL EQUIPMENT INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input 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

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

12866
H/6/17/96
P/7/30/96



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

June 17, 1996

BARBARA RODRIQUEZ
930 HIALEAH DR #14
HIALEAH, FL 33010

SUBJECT: SANTA BARBARA MEDICAL EQUIPMENT INC.
Ref. Number: W96000012866

We have received your document for **SANTA BARBARA MEDICAL EQUIPMENT INC.** and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to section 607.0202(1)(b) or 617.0202(1)(b), Florida Statutes, you must list the corporation's principal office, and if different, a mailing address in the document. If the principal address and the registered office address are the same, please indicate so in your document.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

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) 487-6915.

Pamela Hall
Document Specialist

Letter Number: 796A00029975

SANTA BARBARA MEDICAL EQUIPMENT

930 HIALLEAH DRIVE SUITE 14 HIALLEAH FLORIDA 33010

JULY 22nd, 1996

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

REF# W96000012866

DEAR MRS. PAM:

ATTACHED WE ARE SENDING THE ARTICLES OF INCORPORATION WITH THE
PRINCIPAL ADDRESS OF THE MAIN OFFICE.

SINCERELY,



BARBARA RODRIGUEZ/ PRESIDENT

ARTICLES OF INCORPORATION
OF

SANTA BARBARA MEDICAL EQUIPMENT INC.

FILED

96 JUL 30 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The heroby undersigned petition for the formation of a corporation under de laws of the State of Florida, with and under the following Charter:

ARTICLE I

The name of the corporation shall be:

SANTA BARBARA MEDICAL EQUIPMENT INC.

ARTICLE II

The general nature of the business to be transacted shall be Medical Supplies and Equipment Sales and otherwise engage in any activity or business permitted under the laws of the United States of America and this State.

ARTICLE III

The capital stock of this corporation shall consist of 100 shares of common stock of \$1 per value each, all or part of said stock to be issued from time to time as may determine by the Board of Directors. On dissolution or liquidation of the corporation the holder of the stock shall be entitled to ratable distribution as their holding may appear upon the stock record of the corporation.

ARTICLE IV

This corporation shall have perpetual existence.

ARTICLE V

The business and property of this corporation shall be managed by Board of Directors consisting of one (1) or more members, as may be provided By-laws.

ARTICLE VI

The names and post office addresses of the first Board of Directors of this corporation, who, subject to the provisions of the Certificate, the By-laws of the corporation, and the laws of the State of Florida, shall hold office for the first year of the corporation's existence or until their successors are elected and have qualified, are as follows:

Residing at:	BARBARA RODRIGUEZ 930 HIALEAH DRIVE SUITE 14 HIALEAH, FL 33010	PRESIDENT
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ARTICLE VII

The Register Agent for the purpose of complying with Florida law shall be BARBARA RODRIGUEZ and the registered agent's office of this corporation shall be :

930 HIALEAH DRIVE
SUITE 14
HIALEAH, FL 33010

ARTICLE VIII

The name and post office address of the Subscriber of this Certificate of Incorporation and the number of shares of the capital stock of this corporation subscribed by the said Subscriber of the Certificate of Incorporation are as follows:

NAME	ADDRESS	No. OF SHARES
BARBARA RODRIGUEZ	930 HIALEAH DRIVE SUITE 14 HIALEAH, FL 33010	100

The regulations of the conduct of the affairs of this corporation, the issuance of the certificate of capital stock of this corporation, the voting rights of the holders of the shares of the capital stock of this corporation, are vested in the shareholders.

ARTICLE IX

The post office address of the main office of this corporation until otherwise determined by the stockholders or Board of Directors of this corporation is:

930 HIALEAH DRIVE
SUITE 14
HIALEAH, FL 33010

IN witness WHEREOF, the undersigned Subscriber has hereunto set his hand and seal in the City of Miami, County of Dade, State of Florida, this 22ND day of JULY, 1996.

FILED

SWORN TO AND SUBSCRIBED before me on this 22ND day of JULY, 1996. 30 JUL 30 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Barbara Rodriguez

BARBARA RODRIGUEZ, PRESIDENT (SEAL)

STATE OF FLORIDA)
) SS
COUNTY OF DADE)

I HEREBY CERTIFY that on this day personally appeared before me, the undersigned authority, SANTA BARBARA MEDICAL EQUIPMENT INC., known to be the person who executed the foregoing Certificate of Incorporation of SANTA BARBARA MEDICAL EQUIPMENT INC., and he acknowledged before me that he has executed the same for the purpose therein set forth.

SWORN TO AND SUBSCRIBED before me on this 22ND day of July, 1996.

Armando F. De Lata

Notary public, State of Florida



ARMANDO F. DE LATA
MY COMMISSION # CC479678 EXPIRES
August 17, 1999
BONDED THRU TROY FAIR INSURANCE, INC.

SEAL

I ACCEPT DESIGNATION AS REGISTERED AGENT OF THIS CORPORATION AND I AM FAMILIAR WITH THE DUTIES REQUIRED OF ME.

Barbara Rodriguez

BARBARA RODRIGUEZ

The foregoing instrument was acknowledged before me on this 22nd Day of JULY, 1996 BARBARA RODRIGUEZ, who was produced a Driver's Licence as identification-No. B362-072-60-800-0