ItANARUS CORPORATE INDUSTRIES: INC.
Requestor's Name 890 S.W. 87 AVENUE SUITE: 16 Address 29 0 0 0 0 0 1 542 55 5 65 5 -00/19/96--01010 --003 -\*\*\*\*122.50 \*\*\*\*\*122.50 MIAMI, FLORIDA 33174 (305)552-5973 City/State/Zip Phone // Office Use Only LOCAL REPRESENTATIVE TALLAHASSEE CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): Lead Scippling to (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Certified Copy Mail out ☐ Will wait Certificate of Status Photocopy BANEW FILINGS AMENDMENTS WELL TO Profit Amendment wab 17362 NonProfit Resignation of R.A., Officer/Director **Limited Liability** Change of Registered Agent **Domestication** Disc ' "on/Withdrawal Other रेडील इंगल Ele and OTHER FILINGS LIFICATION **Annual Report** Foreign **Fictitious Name** Limited Partnership Name Reservation Reinstatement Trademark Other

Examiner's Initials 550



August 19, 1996

LAZARUS

SUBJECT: SUNRISE MEDICAL SUPPLY, INC.

Ref. Number: W96000017362

We have received your document for SUNRISE MEDICAL SUPPLY, 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):

The name you are requesting is unavailable, since it has been previously requested by another individual and the document was returned to the individual for corrections and has not yet been resubmitted. However, such name may become available when the work received in this office on has been processed.

This office holds a requested name for 60 days when a document is returned for corrections.

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: 996A00039411

SUNRISE MEDICAL SUPPLY, INC. 37 NW 12 AVE., STE 7 MIAMI, FL 33128

August 15, 1996

Secretary of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

To Secretary of State:

I Norma Galindo active President ofSunrise Medical Supply, Inc. give

permission to Leonardo Yero to use the name of this corporation.

I Dont have the intention to use this corporation no more.

Sincerely yours,

Morma Isaliudo Norma Galindo

President -

August 15, 1996

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8115196

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

Re:SUNRISE MEDICAL SUPPLY, INC.

ARTICLES OF INCORPORATION
Principal Office

18800 NW 2 AVENUE SUITE 217 MIAMI, FL 33169

The undersigned, in order to form a corporation for the purposes hereinafter stated, by and under the provisions of the statues of the State of Florida, do hereby subscribe to these articles of Incorporation.

Articles I - NAME
The name of this corporation is

### SUNRISE MEDICAL SUPPLY, INC.

**ARTICLES II - DURATION** 

This corporation shall have perpetual existence. The corporation existence commences at the date of the execution 15TH day of August 1996.

## **ARTICLES III - PURPOSE**

This corporation is organized for the following purposes:

a) Of transacting any or all business permitted under the lows of the United States of America and the laws of the State of Florida.

CALLAMASSEE FLORIDA

- b) To Purchase, sell, lease, operate, own, hold, transfer, convey, mortgage, or otherwise encumber, trade, exchange and generally deal in real estate and personal property of every kind, nature and description wheresoever property located, both tangible and intangible and including chooses in action, either as owner, broker, agent, or factor.
- e) In the purchase or acquisition of property, business right of franchise, or for additional working capital, or for any other objective on or about its business affair and without limit as to amount, to incur debts and to raise, borrow and secure the payment of money in any lawful manner, including the issues and sale or other DISPOSITION of bonus, evidence of indebtedness, whether secured y mortgage pledge, deed of trust or otherwise. The corporation might issue its stock for any lawful purpose, including the acquisition of any other entity.
- d) To engage in any or all lawful activity and to: institute, participate in and promote and commercial, mercantile, financial and industrial enterprise and operations, and for the purpose of transacting any or all lawful business.

### ARTICLE IV - POWER

This corporation is authorized to issue <u>500</u> shares of \$ 1.00 each common stock which shall be designated "Common Shares".

#### ARTICLE V - PREEMPTIVE RIGHTS

Every shareholder, upon the sale for cash of any new stock of this corporation shall have the right to purchase his prorate share thereof (as nearly as may be done without issuance of traction shares) at the price asst. which it is offered to others.

ARTICLES VII - INITIAL REGISTERED OFFICE AND AGENT

**LEONARDO YERO** 

18800 NW 2 AVENUE SUITE 217 MIAMI, FL 33169

## ARTICLES VIII - INITIAL BOARD OF DIRECTORS

This corporation shall have 1 director (s) initially. The numbers of director (s) may be either increased or diminished from time to time by the laws.

The names and addresses of the initial director (s) of this corporation until the first annual meeting of shareholders or until their successors are elected and qualify (cs).

NAME LEONARDO YERO ADDRESS 18800 NW 2 AVENUE SUITE 217 MIAMI, FL 33169

#### ARTICLE IX - INCORPORATOR

The name (s) and address (es) of the person (s) signing these articles (is) are:

NAME

LEONARDO YERO

**ADDRESS** 

18800 NW 2 AVENUE

**SUITE 217** 

MIAMI, FL 33169

Signature

(INCORPORATIOR)

Title President

Date August 15, 1996

# ARTICLES X - AMENDMENT

This corporation reserves the right to amend or repeal any provisions contained in these articles of incorporation, or at any amendment hereto, and any rights conferred upon the shareholders is SUBJECT to this reservation.

The name and address of the INNCORPORATOR is:

NAME

LEONARDO YERO

**ADDRESS** 

**18800 NW 2 AVENUE** 

**SUITE 217** 

MIAMI, FL 33169

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Status, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement designating the register office/ registered agent, in the state of Florida.

- 1. The name of the corporation is:SUNRISE MEDICAL SUPPLY, INC.
- 2. The name and address of the registered agent and office is:

Name: Address: LEONARDO YERO 18800 NW 2 AVENUE SUITE 217 MIAMI, FL 33169

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE FOREGOING ARTICLES OF INCORPORATION, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND FURTHER AGREE TO COMP; Y WITH THE PROVISIONS OF ALL STATUS RELATED TO THE PROPER AND COMPLETE PERFORMANCE OF DUTIES.

DATE\_\_\_August 15, 1996

SIGNATURE/

(Register Agent)

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