

896000098200

BASIC ACCOUNTING SERVICES INC.

Requestor's Name  
692 W. 29 St. Ste #9

Address  
Hialeah Florida 33012

City State Zip  
305 887 4185

Phone#

000002017490--0  
-12/03/96--01043--002  
\*\*\*\*122.50 \*\*\*\*122.50

CORPORATION NAME

A TOUCH OF class Medical Supply, Inc.

(X) PROFIT CORPORATION ( ) NON PROFIT CORPORATION  
( ) LIMITED PARTNERSHIP ( ) ANNUAL REPORT ( ) RESERVATION  
( ) REINSTATEMENT ( ) OTHER  
( ) CERTIFIED COPY ( ) PHOTO COPIES ( ) CERTIFICATE  
UNDER SEAL  
( ) WALK IN ( ) WILL WAIT ( ) MAIL OUT ( ) CALL ( ) AFTER 30

Name  
Availability

Document  
Examiner

Updater

Updater  
Verifier

Acknowledgment

W.P. Verifier

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

96 DEC -2 AM 10:07

FILED

12-5-96

ARTICLE OF INCORPORATION

OF

A TOUCH OF CLASS MEDICAL SUPPLY INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

A TOUCH OF CLASS MEDICAL SUPPLY INC.

The principal place of business of this corporation shall be:

7523 LOCHNESS DR.  
MIAMI LAKES, FL 33014

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: 100 SHARES x \$10.00 = \$1000.00

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

ELIADES DIAZ

DIRECTOR

7523 Lochness Dr.

Miami Lakes, Fl.33014

ARTICLE VI INCORPORATOR(S)

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

ELIADES DIAZ


PRESIDENT, SECRETARY & TREASURER

7523 Lochness Dr.

100 shares

Miami Lakes, Fl.33014

The undersigned has(have) executed these Article of Incorporation this 25 th. day of November, 1996.

  
\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

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96 DEC -2 AM 10:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: \_\_\_\_\_

A TOUCH OF CLASS MEDICAL SUPPLY, INC.

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

is ELIADES DIAZ  
(Name)

7523 Lochness Dr.

(P. O. BOX NOT ACCEPTABLE)

Miami Lakes, Fl. 33014

(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED 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 MY POSITION AS REGISTERED AGENT.

SIGNATURE \_\_\_\_\_

DATE 11-25-96