

P97000052182

Requestor's Name
Address
City/State/Zip
Phone #

800002209878--6
06/12/97--01009--018
*****75.00 *****75.00

Office Use Only

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

1. DIABETES Plus, Inc.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

97 JUN 12 PM 3:32
TALLAHASSEE, FLORIDA

FILED

- ☐ 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

W97-13850
CH
6/12/97

Examiner's Initials

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF

DIABETES PLUS, INC.

THE UNDERSIGNED SUBSCRIBERS TO THESE ARTICLES OF INCORPORATION ARE NATURAL PERSONS COMPETENT TO CONTRACT AND DO HEREBY ASSOCIATE THEMSELVES TO FORM A CORPORATION UNDER THE LAW OF THE STATE OF FLORIDA, U.S.A.

ARTICLE I

THE NAME OF INCORPORATION IS " DIABETES PLUS, INC. "

ARTICLE II

THE CORPORATION MAY ENGAGE IN ANY ACTIVITY OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATE AND STATE OF FLORIDA.

ARTICLE III

THE MAXIMUM NUMBER OF SHARE OF STOCK THAT THIS CORPORATION IS AUTHORIZE TO HAVE OUTSTANDING AT ONE TIME IS ONE HUNDRED SHARE , WITH FIVE DOLLAR PAR VALUE.

ARTICLE IV

THE AMOUNT OF CAPITAL WITH THIS CORPORATION WILL BEGIN BUSINESS IS FIVE HUNDRED DOLLARS>(USD\$ 500.00)

ARTICLE V

THIS CORPORATION IS TO EXIST PERPETUALLY.

ARTICLE VI

THE INITIAL POST OFFICE ADDRESS OF THE PRINCIPAL OFFICE OF THIS CORPORATION IS 14630 BULL RAM ROAD, SUITE 113 MIAMI LAKES FLORIDA 33014.

THE BOARD OF DIRECTORS MAY, FROM TIME TO TIME, MOVE THE PRINCIPAL OFFICE TO ANY OTHER ADDRESS IN FLORIDA.

ARTICLE VII

THIS CORPORATION SHALL HAVE TWO DIRECTOR INITIALLY. THE NUMBER OF DIRECTOR MAY BE INCREASE FROM TIME TO TIME BY LAWS ADOPTED BY STOCKHOLDER , BUT SHALL NEVER BE MORE THAN TEN OR LESS THAN THREE.

ARTICLE VIII

THE NAME AND POST OFFICE ADDRESS OF INITIAL OF THE FIRST BOARD OF DIRECTOR ARE:

NAME	ADDRESS	OFFICER
MARGARITA JACOBS	14630 BULL RAM ROAD,#113 MIAMI LAKES,FLORIDA 33014	PRESIDENT
MONICA MUSIET	14711 S.W. 150 ST. MIAMI,FLORIDA 33196	V.PRESIDENT

ARTICLE IX

THE NAME AND POST OFFICE OF THE SUBSCRIBER OF THESE ARTICLES OF INCORPORATION, THE NUMBER OF SHARE OF STOCK THAT THEY AGREE TO TAKE , AND VALUE OF THE CONSIDERATION THEREFORE IS:

NAME	ADDRESS	SHARE	CONSIDERATION
MARGARITA JACOBS	14630 BULLRAM ROAD SUITE 113 MIAMI LAKES,FLORIDA 33014.	50	USD\$ 250.00
MONICA MUSIET	14711 S.W. 150 ST. MIAMI,FLORIDA 33196	50	USD\$ 250.00

ARTICLE X

THESE ARTICLES OF INCORPORATION MAY BE AMENDED IN THE MANNER PROVIDED BY LAW. EVERY AMENDMENT SHALL BE APPROVED AT THE STOCKHOLDER'S MEETING BY MAJORITY OF THE STOCK ENTITLED TO VOTE THERE ON, UNLESS ALL OF THE DIRECTORS AND STOCKHOLDERS SIGN A WRITTEN STATEMENT THEIR INTENTION BE MADE

M Jacobs

MARGARITA JACOBS

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CERTIFICATION DESIGNATION, PLACE OF STATE
BUSINESS OR DOMICILE FOR THE SERVICE
OF PROCESS WITHIN THIS STATE, NAMING
AGENT UPON PROCESS MAY BE SERVED.

IN PURSUANCE OF CHARTER 48.001, FLORIDA STATUTES , THE
FOLLOWING IS SUBMITTED , IN COMPLIANCE WITH SAID ACT:
THAT DIABETES PLUS, INC. , DESIRING TO ORGANIZE THE
INDICATED IN THE ARTICLES OF INCORPORATION , AT CITY OF
MIAMI ,DADE COUNTY , STATE OF FLORIDA U.S.A. HAS NAMED
MARGARITA JACOBS, 14630 BULL RAM ROAD, SUITE 113 MIAMI
LAKES FLORIDA 33014 COUNTY OF DADE AS ITS AGENT TO ACCEPT
SERVICE OF PROCESS WITHIN THIS STATE ACKNOWLEDGEMENT :

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE
ABOVE STATED CORPORATION , AT PLACE DESIGNATED IN THE
CAPACITY AND AGREE TO COMPLY WITH THE PROVISION OF SAID ACT
RELATIVE TO KEEPING OPEN SAID OFFICE.

BY m Jacobs
(RESIDENT AGENT)

STATE OF FLORIDA

COUNTY OF DADE.

I HEREBY CERTIFY THAT ON THIS DAY BEFORE NOTARY PUBLIC DULY
AUTHORIZED IN THE STATE AND THE COUNTY NAMED ABOVE TO MAKE
ACKNOWLEDGMENT , PERSONALLY APPAREL MARGARITA JACOBS , TO
ME KNOW TO BE IN PERSON DESCRIBED AS SUBSCRIBE IN AND WHO
EXECUTED THE FOREGOING.

ARTICLES OF INCORPORATION , AND ACKNOWLEDGED BEFORE ME THAT
THE SUBSCRIBED THOSE ARTICLES OF INCORPORATION.

WITNESS MY HAND AND OFFICIAL SEAL IN THE COUNTY AND STATE
NAMED ABOVE THIS 9th DAY OF June, 1997

SIGNATURE:

M Jacobs

MARGARITA JACOBS

State of Florida Dade County

Vicente Moreno

NOTARY PUBLIC STATE OF FLORIDA AT LARGE.

MY COMMISSION



VICENTE MORENO
My Commission No. 00450122
Expires May. 26, 1998
Bonded by NFNU
800-224-8348