

FILINGS INC. JERESA ROMAN

(Requester's Name)

2805 LITTLE DEAL ROAD

(Address)

TALLAHASSEE, FLORIDA 32308

(904) 385-6735

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

200002395202--9  
-01/09/98-01032-011  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

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

1. Becca Medical Supplies, Inc  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certificate of Status

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98 JAN -9 PM 3:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

| NEW FILINGS                         |                   |
|-------------------------------------|-------------------|
| <input checked="" 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/<br>QUALIFICATION |                     |
|--------------------------------|---------------------|
| <input type="checkbox"/>       | Foreign             |
| <input type="checkbox"/>       | Limited Partnership |
| <input type="checkbox"/>       | Reinstatement       |
| <input type="checkbox"/>       | Trademark           |
| <input type="checkbox"/>       | Other               |

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DIVISION OF CORPORATION

Examiner's Initials

**ARTICLES OF INCORPORATION  
OF BECA MEDICAL SUPPLIES, INC.**

**ARTICLE I**

The name of the corporation shall be: BECA MEDICAL SUPPLIES, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:  
351 South Cypress Road, Suite 300, Pompano Beach, Fl. 33062

**ARTICLE III CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 shares.

**ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is: Scott Jay Senft, 126 South Federal Hwy., Suite 208, Dania, Florida 33004.

**ARTICLE V INCORPORATOR**

The name and street address of the incorporator to these Articles of Incorporation is:  
Brent Fardette, 351 South Cypress Road, Suite 300, Pompano Beach, Fl. 33062.

**ARTICLE VI DIRECTOR**

The name and street address of the director to these Articles of Incorporation is:  
Brent Fardette, 351 South Cypress Road, Suite 300, Pompano Beach, Fl. 33062.

  
Brent Fardette, Incorporator

The undersigned has executed these Articles of Incorporation this 6th day of January, 1998.  
Prepared by

The Law Office of Scott Jay Senft, Esq.  
126 South Federal Hwy., Suite 208  
Dania, Fl. 33004 Fla. Bar No.: 893536  
(954) 927-3326

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**CERTIFICATE OF DESIGNATION**

**REGISTERED AGENT/REGISTERED OFFICE**

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.

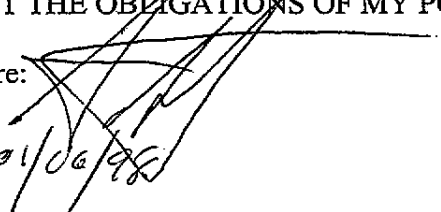
1. The name of the corporation is: BECA MEDICAL SUPPLIES, INC.
2. The name and address of the registered agent and office is: Scott Jay Senft, 126 South Federal Hwy., Suite 208, Dania, Fla. 33004.

Signature: 

Title: 

Date: 01/06/98

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: 

Date: 01/06/98

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