# Secretary of State (SAMPLE LETTER OF TRANSMITTAL) Date

Division of Corporations P. O. Box 6327 Talahassee, FL 32314

Re:	KATTY	MEDICAL	SUPPLIES	, Inc.
•		(name (	of corporation)	100002402341 -01/15/3801117011
				-01/13/30-01111 011 ****122 50

#### Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

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KATTY MEDICAL S	STEPPI.TES	INC	5
(name of corp			. ₽
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MAILING ADDRESS OF	CORPORATIO	» ———	ŏ
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2987 S.W. 2nd Str Miami, FL 33126	ceet		
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Miami, FL 33126			
·	23	Ext	

# ARTICLES OF INCORPORATION

of

KATTY MEDICAL SUPP	LIES INC.	
(name of co	rporation)	
The undersigned subscriber(s) to these Articles of Incorporation under the laws of the State of Florida.	ion, natural person(s) competent to con	15 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
ARTICLE I - COR.	PORATE NAME	題置
The name of the corporation is:		题第5
KATTY MEDICAL SUPPL	JIES INC.	第5 建
ARTICLE II -	DUD ATION	FLORIDE 1: 00
This corporation shall exist perpetually unless dissolved ac		10 S
ARTICLE III -	•	<i>y</i>
		nder the love of the
The corporation is organized for the purpose of engaging in United States and the State of Florida.	•	nder the laws of the
ARTICLE IV - CA	APITAL STOCK	•
The corporation is authorized to issue ONE HUNDRED	shares (100 ) of ONE	
	ock, which shall be designated "Con	nmon Shares."
ARTICLE V - INITIAL REGISTI	FRED OFFICE AND AGENT	
The principal office, if known, or the mailing adress of th		
NAME		
ADDRESS 2987 S.W. 2nd Street		
CITY Miami The news and street address of the United Registered Age	FLORIDA	ZIP 33126
The name and street address of the Initial Registered Age	sit of this Corporation is:	
NAME LEYDEANA DELGADO		
ADDRESS 2987 S.W. 2nd Street		·
erry Miami	FLORIDA	zn83126
ARTICLE VI - INITIAL BO	OARD OF DIRECTORS	
This corporation shall have ONE (1) of increased or diminished from time to time by the By-Laws, addresses of the initial director(s) of the corporation are a		
NAME LEYDEANA DELGADO	=	
ADDRESS SAME AS ABOVE		
CITY	STATE	ZIP
NAME		
ADDRESS		
CITY	STATE	ZIP
VAME		
ADDRESS	*	***************************************
CITY	STATE	ZIP

# ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME LEYDEANA DELGADO		
ADDRESS 2987 S.W. 2nd Street	<u> </u>	
CTY Miami	STATE F1	ZIP 33126
NAME		
ADDRESS		
CITY	STATE	ZIP
NAME		
ADDRESS		
CITY	STATE	ZIP
IN WITNESS WHEREOF, the undersigned s	ubscriber(s) have executed these Articles of l	ncorporation this 12
day of January, 1998.	$\mathcal{H}_{\mathcal{L}}$	1 60
	TRUMEGIA HA	MAN (Seal
		(000
		(Seal
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GTT ( TOTAL OF THE OPEN)		
STATE OF FLORIDA	) SS	
COUNTY OF	)	
before me, a Notary Public authorized to take	acknowledgments in the State and County	set forth above, personally
appeared:		
Signature	Form of Identif	ication
Signature	Form of Identif	
Signature	Form of identif	ication
Signature	Form of Identif	ication
known to me and known to be the person(s) who e	executed the foregoing Articles of Incorporation	, who acknowledged before
me thatexecuted these Articles	of Incorporation, that I relied upon the form	
named person as indicated opposite each name	• • • •	
I NOTARY RUBBER STAMP SEAL	Witness my hand and official seal in the Co	· ·
	Notary Signature	
	Printed Notary Signature	

# CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

#### CERTIFICATE OF REGISTERED AGENT

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#### KATTY MEDICAL SUPPLIES INC.

(name of corporation)



Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

Miami, F1 33126

has named LEYDEANA Delgado
located at the aforesaid address, as its Registered Agent to accept service of process within this state.

# ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

(registered agent)

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