

P98000035015

TRANSMITTAL LETTER

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

900002491239--7  
-04/16/98--01112--003  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: V & L MEDICAL REPAIR SERVICES, INC.  
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM: LUIS A. GONZALEZ  
Name (Printed or typed)

14724 S.W. 106 TERRACE  
Address

MIAMI, FLORIDA 33196  
City, State & Zip

(305) 246-5242  
Daytime Telephone number

*Luis Gonzalez* GAVE  
NOTIFICATION BY PHONE TO  
CORRECT Name of corp or RA Designate  
DATE 4/17  
EXAM 303

FILED  
98 APR 16 AM 9:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

B. BROCK APR 17 1998

**ARTICLES OF INCORPORATION  
OF  
V & L MEDICAL REPAIR SERVICES, INC.**

I, the undersigned, as proper person acting as incorporator of a corporation under the laws of the State of Florida, adopt the following articles of incorporation:

**FIRST**

The name of the corporation is: *V&L MEDICAL REPAIR SERVICES, INC.*

**SECOND**

The period of its duration is: *FIVE YEARS.*

**THIRD**

The purpose of the corporation is: *The Professional Repair of Medical Equipment.*

**FOURTH**

The aggregate number of authorized shares is: *200 shares per-value \$1.00.*

**FIFTH**

The corporation will not commence business until at least one hundred fifty dollars have been received by it as consideration for the issuance of shares.

**SIXTH**

Cumulative voting of shares of stock authorized.

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TALLAHASSEE, FLORIDA  
98 APR 16 AM 9:06

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#### SEVENTH

Provisions limiting or denying to shareholders the preemptive right to acquire additional or treasury shares of the corporation are by approval by the Board of Directors of this corporation.

#### EIGHTH

Provisions for regulating the internal affairs of the corporation are: the managing partner of the corporation will be responsible for all day to day operations.

#### NINTH

The address of the initial registered office of the corporation is: 14724 S.W. 106 Terrace, Miami, FL 33196 and the name of its initial registered agent at such address is Luis A. Gonzales.

#### TENTH

The principal place of business and mailing address of this corporation is: 14724 S.W. 106 Terrace, Miami, Florida 33196.

#### ELEVENTH

The number of Directors constituting the initial Board of Directors of the corporation is two, and the names and addresses of the persons who are to serve as directors until the first annual meeting of shareholders or until their successors are elected and shall qualify are:

<u>NAME</u>	<u>ADDRESS</u>
Luis A. Gonzalez	28105 S.W. 141 Place Miami, FL 33033
Vickie R. Arana	14724 S.W. 106 Terrace Miami, FL 33196

TWELFTH

The name and address of the incorporator is:

NAME

ADDRESS

Vickie R. Arana

14724 S.W. 106 Terrace

Miami, FL 33196

The undersigned has executed these Articles of Incorporation  
this 9<sup>TH</sup> day of April, 1998.

Vickie R. Arana.

Vickie R. Arana, Incorporator

**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: V & L Medical Repair Services, Inc.
2. The name and address of the registered agent and office is:

Luis A. Gonzalez                      14724 S.W. 106 Terrace  
Miami, FL 33196

Signature: \_\_\_\_\_

Title:                      President

Date:                      04.09.98

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:                      04.09.98

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TALLAHASSEE, FLORIDA

98 APR 16 AM 9:06

**FILED**