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

LOYAL MEDICAL SUPPLY, INC.
(Corporation Name) (Document #)

(Corporation Name) (Document #)

(Corporation Name) (Document #)

(Corporation Name) (Document #)

FILED
99 JAN 14 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- [x] Walk in
- [x] Pick up time 2:00
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NEW FILINGS	
X	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILNGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

1/14

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DIVISION OF CORPORATION

Examiner's Initials

CR2E031(9/92)

ARTICLES OF INCORPORATION

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

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TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

LOYAL MEDICAL SUPPLY, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

8600 NW SOUTH RIVER DRIVE STE #226
MIAMI,FL 33166

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

CARMEN L RODRIGUEZ
8600 NW SOUTH RIVER DRIVE STE # 226
MIAMI,FL 33166

ARTICLE V INCORPORATOR(S)

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

CARMEN L RODRIGUEZ

8600 NW SOUTH RIVER DRIVE STE # 226
MIAMI, FL 33166

ARTICLE VI DIRECTOR(S)

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

CARMEN L RODRIGUEZ
8600 NW SOUTH RIVER DRIVE STE #226
MIAMI, FL 33166

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 13 day of JANUARY, 1999.

C L Rodriguez
Signature

Signature

Signature

Articles of Incorporation
Filing Fee - $35

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

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: LOYAL MEDICAL SUPPLY, INC.

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

CARMEN L RODRIGUEZ
(NAME)

8600 NW SOUTH RIVER DRIVE STE #226
(P.O. BOX NOT ACCEPTABLE)

MIAMI, FL 33166
(CITY/STATE/ZIP)

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 CRodriguez

DATE 01/13/99

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TALLAHASSEE FLORIDA

REGISTERED AGENT FILING FEE: $35.00