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# Florida Department of State

Division of Corporations
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Account Number : 072450003255 Phone : (305)541-3694

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## FLORIDA PROFIT CORPORATION OR P.A.

SANTA FE MEDICAL SERVICES, INC.

Certificate of Status	Carrier in selection of the selection of
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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## ARTICLES OF INCORPORATION

# SANTA FE MEDICAL SERVICES, INC.

The undersigned hereby petition for the formation of a corporation under the laws of the State of Florida, with and under the following Chartera

ARTICLE I

The name of the corporation shall be:

SANTA FE MEDICAL SERVICES, INC.

## ARTICLE II

The general nature of the business to be transacted shall be sales and rental of medical supplies and or otherwise engage in any activity or business permitted under the laws of the United States of America and this State.

## ARTICLE III

The capital stock of this corporation shall consist of 1000 shares of common stock of \$1.00 par value each, all or part of said stock to be issued from time to time as may be determined by the Board of Directors. On dissolution or liquidation of the corporation the holders of the stock shall be entitled to distribution rateable as their holdings may appear upon the stock record of the corporation.

## ARTICLE IV

This corporation shall have perpetual existence.

## ARTICLE V

The business and property of this corporation shall be managed by a Board of Directors consisting of one (1) or more members, as may be provided By-laws.

PAGE 1

FL. BAR NO.: 694-290

GERALD T. ENGEL, ESQ. 901 N. W. 22ND AVENUE 33125 MIAMI, FL (305) 649-7344 P.02/04

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## ARTICLE VI

The names and post office addresses of the first Board of Directors of this corporation, who, subject to the provisions of this Certificate, the By-laws of this corporation, and the laws of the State of Florida, shall hold office for the first year of this corporation's existence or until their successors are elected and have qualified, are as follows:

Residing at: EDUARDO SARCEDO President 8045 N. W. 7TH STREET, STE. 402 MIAMI, FL 33126

#### ARTICLE VII

The Registered Agent for the purpose of complying with Florida law shall be EDUARDO SARCEDO and the registered agent's office of this corporation shall be 8045 N. W. 7TH STREET, STE. 402, MIAMI, FL 33126.

#### ARTICLE VIII

The post office address of the principal office of this corporation.

until otherwise determined by the stockholders or the Board of

Directors shall be 8045 N. W. 7TH STREET, STE. 402, MIAMI, FL. 33126

and branch offices may be maintained at such places in the State of

Florida, and in the United States of America and in foreign countries
as may from time to time be authorized by the stockholders or Board of
directors of this Corporation.

### ARTICLE IX

The name and post office address of the Subscriber of this Certificate of Incorporation and the number of shares of the capital stock of this corporation subscribed by the said Subscriber of this Certificate of Incorporation are as follows:

NAME

. : .\_

**ADDRESS** 

NO. OF SHARES

EDUARDO SARCEDO

8045 NW 7TH STREET, STE- 402 1000 MIAMI, FL 33126

PAGE 2

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#### ARTICLE X

The regulations of the conduct of the affairs of this corporation, the issuance of certificate of capital stock of this corporation, the voting rights of the holders of the shares of the capital stock of this corporation, are vested in the shareholders.

IN WITNESS WHEREOF, the undersigned Subscriber has hereunto set their hand and seal in the City of Miami, County of Dade, State of Florida, this 5Th day of February, 1999

SWORN TO AND SUBSCRIBED before me of this 5Th day of February, 1999.

EDUARDO SAKCEDO, PRESIDENT

STATE OF FLORIDA

88

COUNTY OF DADE

I HEREBY CERTIFY that on this day personally appeared before me, the undersigned authority, EDUARDO SARCEDO, known to be the person who executed the foregoing Certificate of Incorporation of SANTA FE MEDICAL SERVICES, INC., and he acknowledged before me that he has executed the same for the purpose therein set forth. The foregoing instrument was acknowledged before me by SANTA FE MEDICAL SERVICES, INC., who produced identification.

SWORN TO AND SUBSCRIBED before me on this 57th day

efore me on this 5Th day of February, 1999.

MY COMMISSION EXPIRES:

OF CALL TRY AND SILC ,
NOTARY FUBLIC STATE OF FLORIDA
COMMISSION NO. CCSU780
MY COMMISSION EXP. DEC 15200

I ACCEPT DESIGNATION AS REGISTERED AGENT OF THIS CORPORATION AND I AM FAMILIAR WITH THE DUTIES REQUIRED OF ME.

EDUARDO SARCEDO

Prepared by: GERALD T. ENGEL, ESQ. 901 N. W. 22ND AVENUE

MIAMI, FL .33125

(305) 649-7344

PAGE 3

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