

P99000031639

TRANSMITTAL LETTER

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

800002832528--2
-04/08/99--01001--002
*****78.75 *****78.75

SUBJECT: J. K. Medical Equipment Corp.
(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 of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Christopher Ranieri
Name (Printed or typed)

4901 NW 17th Way Suite 505
Address

Fort Lauderdale, Florida 33308
City, State & Zip

(954) 772-7511
Daytime Telephone number

FILED
99 APR -2 AM 8:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

4/7/99

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

J. K. Medical Equipment, Corp.

ARTICLE II PRINCIPAL OFFICE

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

4901 NW 17th Way Suite 505
Fort Lauderdale, Florida

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 Florida street address of the initial registered agent are:

Christopher Ranieri
4901 NW 17th Way Suite 505
Fort Lauderdale, Florida 33309

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Joanne Kestler
5511 SW 44th Ave.
Fort Lauderdale, Florida 33309


Signature/Incorporator

March 31, 1999
Date

(An additional article must be added if an effective date is requested.)

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/Registered Agent

Christopher Ranieri

March 30, 1999
Date

FILED
99 APR -2 AM 8:09
TALLAHASSEE, FLORIDA
SECRETARY OF STATE