# OFFIC (Requestor's Name) 3320 S.W. 87th AVENUE (Address) (305)552-5973 MIAMI, FLORIDA (City, State, Zip) \*\*\*\*\*78.75 \*\*\*\*\*78.75 LOCAL REPRESENTATIVE TALLAHASSEE OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): 2. (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) Certified Copy Pick up time Walk in Certificate of Status Photocopy Mail out Will wait AMENDMENTS NEW FILINGS Amendment Profit Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/ OTHER FILIGS QUALIFICATION Annual Report APIROJA: Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement changli Trademark Other Examiner's Initials

# ARTICLES OF INCORPORATION

19 11AY -3 PH 12: 17
CRETARY OF STATE
TALAHASSEE FLORIDA

OF

# M G MEDICAL SUPPLIES, INC.

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.

#### ARTICLE I NAME

The name of the Corporation shall be:

M G MEDICAL SUPPLIES, INC.

### ARTICLE II PRINCIPAL OFFICE

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

9105 N.W. 192 TER. MIAMI, FL. 33018

#### ARTICLE III CAPITAL STOCK

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

500 SHARES A T \$ 1,00 EACH

ARTICLE IV-INITIAL REGISTERED AGENT AND

ADDRESS:

The name and address of the initial registered Agent is:

MARCOS R GONZALEZ 9105 N.W. 192 TERR MIMMI,FL. 33018

#### ARTICLE V-INCORPORATOR(S)

The	name (	(s) a:	$\mathbf{nd}$	street	addr	ess (	es) of	the	incorporator(s) to	these
arti	icles	of	inc	orporat	ion	is(a	re):		_	

MARCOS R GONZALEZ.-P/D/S/T.-9105 N.W. 192 TERP, MTAMT, FL. 33018
100% SHARES

The undersigned has (have) executed these Articles of Incorporation this:

\_\_\_\_\_\_30 day of APRIL ,19 99

Signature/Title

PRESIDENT

Signature/Title

Signature/Title

Signature/Title

## 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 reg	gistered off	fice/registered agent, in the state	
1The name of the	corporation	a is: M G MEDICAL SUPPLIES, INC.	
2The name and add	iress of the	e registered agent and office is:	. <u></u> 6 <del></del>
	MARCOS.R.	GONZALEZ	
	(NAME)		<b>.</b> .
	9105 N.W.	. 192 TERR	,
(P.O.	BOX NOT AC	CEPTABLE)	austra
	MIAMI, FL	33018	
	CITY/STATE/		قايمي تصويما د ه -
`	•		<u> </u>
	SIGNATURE_	(Corporate Officer)	
		(COIPODACE OILLOSI)	
	TITLE	PRESIDENT	
-	5 T 1977		•
	DATEO/	/30/99	50 <sup>9 8 </sup> .=
process for the abin this certificat agent and agree to with the provision	ove stated e,I hereby act in thi s of all st	ed Agent and to accept service of corporation at the place designated accept the appointment as registered accept and accept and accept and accept and accept and accept accept and accept acc	·
	SIGNATURE		k z rw <u>iji par</u> is
	DATE	04/30/99 LL AHY	
		-3 PH 12: 17  ARY OF STATE SSEE FLORIDA	