

799000056287

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

Subject Emily Medical Equipment Inc.

100002896941--7  
-06/07/99--01130--014  
\*\*\*\*131.25 \*\*\*\*\*07.50

Enclosed is an original and two (2) copies of the Articles of Incorporation and a check for \$131.25 for the Filing Fee, Certified Copy and Certificate.

FROM: Emily Medical Equipment Inc.

c/o Orlando Fuentes

7990 WEST 34 LANE UNIT 102-41

Hialeah, Florida 33018

FILED  
99 JUN 21 AM 10:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

June 10, 1999

ORLANDO FUENTES  
UNIQUE MEDICAL EQUIPMENT, INC.  
7990 WEST 34 LANE, UNIT 102-41  
HIALEAH, FL 33018

SUBJECT: UNIQUE MEDICAL EQUIPMENT, INC.  
Ref. Number: W99000013618

We have received your document for UNIQUE MEDICAL EQUIPMENT, INC. and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6933.

Teresa Brown  
Corporate Specialist

Letter Number: 699A00031480

**ARTICLES OF INCORPORATION**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be

**EMILY MEDICAL EQUIPMENT INC.**

**ARTICLE II PRINCIPAL OFFICE**

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

**7990 WEST 34 LANE UNIT 102-41  
HIALEAH, FLORIDA 33018**

**ARTICLE III SHARES**

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

**10,000 SHARES**

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is

**ORLANDO FUENTES  
7990 WEST 34 LANE UNIT 102-41  
HIALEAH, FLORIDA 33018**

**ARTICLE V INCORPORATORS**

The names and street of the incorporators to these Articles of Incorporation are

**ORLANDO FUENTES  
7990 WEST 34 LANE UNIT 102-41  
HIALEAH, FLORIDA 33018**

The undersigned incorporators have executed theses Articles of Incorporation this

\_\_\_\_ 16TH \_\_\_\_ day of \_\_\_\_ JUNE \_\_\_\_ 1999

  
\_\_\_\_\_  
ORLANDO FUENTES PRESIDENT

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

FILED  
99 JUN 21 AM 10:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**PURSUANT TO THE PROVISION 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:

**EMILY MEDICAL EQUIPMENT INC.**

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

**ORLANDO FUENTES  
7990 WEST 34 LANE UNIT 102-41  
HIALEAH, FLORIDA 33018**

Having been named as registered agent and to accept services of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointments 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.

  
ORLANDO FUENTES