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LOCAL REPRESENTATIVE TALLAHASSEE

800003003918--6

-10/04/99-01069-020

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OFFICE USE ONLY

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

1. ~~KELLY'S MEDICAL EQUIPMENT INC.~~
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)



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2:00



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Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED RECEIVED
99 OCT -5 PM 4:05
99 OCT -4 AM 11:27
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

waq-22855
10/5

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

October 4, 1999

LAZARUS

MIAMI, FL

SUBJECT: KELLY'S MEDICAL EQUIPMENT INC.
Ref. Number: W99000022855

We have received your document for KELLY'S MEDICAL EQUIPMENT INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

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) 487-6934.

Loria Poole
Corporate Specialist

Letter Number: 299A00048068

RECEIVED
99 OCT -5 PM 3:13
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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.

ARTICLE I NAME

The name of the corporation shall be:

O'REILLY MEDICAL EQUIPMENT INC.

ARTICLE II PRINCIPAL OFFICE

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

15126 N.W. 90 CT, HIALEAH GARDENS, FLORIDA, 33018.-

ARTICLE III SHARES

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

ONE HUNDRED SHARES (100) WITH FIVE DOLLARS (\$5.00) VALUE PER SHARE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

DANAY O'REILLY

15126 N.W. 90 COURT
HIALEAH GARDENS, FL, 33018.-

FILED
99 OCT -5 PM 4:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE V INCORPORATOR(S)

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

DANAY O'REILLY-President

15126 N.W. 90 CT,
HIALEAH GARDENS, FL, 33018.-

ERNESTO O'REILLY-Vice/President

15126 N.W. 90 Ct,
HIALEAH GARDENS, FL, 33018.-

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

30 day of September, 1999.-



Signature/Title

President,

1 ERNESTO O'REILLY

Signature/Title

Vice/President,

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 registered office/registered agent, in the state of Florida.

1. The name of the corporation is: O'REILLY MEDICAL EQUIPMENT INC.

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

DANAY O'REILLY
(NAME)

15126 N.W. 90 COURT,

(P.O. BOX NOT ACCEPTABLE)

HIALEAH GARDENS, FLORIDA, 33018.--

(CITY/STATE/ZIP)

SIGNATURE 

(corporate/officer)

TITLE

President,

DATE

September 30, 1999

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 OCT -5 PM 4:05

FILED

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 

DATE September 30, 1999.--