

95179

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE FILING SERVICE, INC.
(Requestor's Name)

3320 S.W. 87th AVENUE
(Address)

MIAMI, FLORIDA (305)552-5973
(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

OFFICE USE ONLY

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

1. PROFESSIONAL MEDICAL SUPPLIES
(Corporation Name) (Document #)

2. ENTERPRISES INC.
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00 ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

RECEIVED
99 OCT 28 AM 11:47
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
FILED
99 OCT 28 PM 1:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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*****78.75 *****78.75

Examiner's Initials

FILED
99 OCT 28 PM 1:33
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE 1 NAME

The name of the corporation shall be:

PROFESSIONAL MEDICAL SUPPLIES ENTERPRISES INC

ARTICLE 11 PRINCIPAL OFFICE

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

8415 SW 107 Avenue # 351W Miami Florida 33173

ARTICLE 111

The number of shares of stock that this corporation is authorized to have outstanding

At any one time is:

One hundred (100) Par value of \$1.00./stock

ARTICLE 1V

INITIAL REGISTERED AGENT

The initial register agent is:

ALBERTO GONZALEZ

The initial register agent address is:

8415SW 107 AVE. # 351W Miami FL 33173

ARTICLES OF INCORPORATION

ARTICLE V

INCORPORATORS (S)

The name(s) and address (es) of the incorporator(s) to these articles of incorporation is (are):

ALBERTO GONZALEZ

ARTICLE VI DIRECTOR (S)

The name and street address (es) of the director(s) to these Articles of Incorporation is/are.

ALBERTO GONZALEZ

The undersigned incorporator(s) has/have, executed these Articles of Incorporation

This: 27 day of October 1999

A handwritten signature in cursive script, appearing to read 'Alberto Gonzalez', is written over a horizontal line. The signature is written in dark ink.

Signature

Signature

Signature

CERTIFICATE OF DESIGNATION
REGISTER AGENT / REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, of the State of Florida

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:

PROFESSIONAL MEDICAL SUPPLIES ENTERPRISES INC.

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

ALBERTO GONZALEZ

NAME

Address: 8415 SW. 107 AVE. # 351 W
City. Miami State. FL. Zip Code 33173

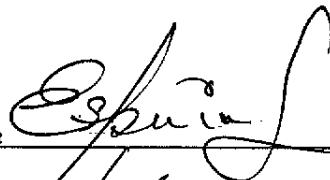
HAVING BEEN NAMED REGISTERED AGENT, I AGREE TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE.

I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

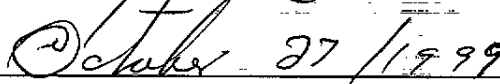
I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

I AM FAMILIAR AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE



DATE



SECRETARY OF STATE
TALLAHASSEE FLORIDA

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