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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

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TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

STEPHANIE MEDICAL SUPPLIES, CORP.

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ARTICLES OF INCORPORATION
OF
STEPHANIE MEDICAL SUPPLIES, CORP.

THE UNDERSIGNED, has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

STEPHANIE MEDICAL SUPPLIES, CORP.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purpose proposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

ARTICLE VI

The initial Board of Directors shall consist of a total of ONE (02) person, and the name and address of the person who is to serve as an initial director is:

OLIVIA ACANDA
962 NW 135 CT
MIAMI, FL 33182

President

ROSENDO ACANDA
962 NW 135 CT
MIAMI, FL 33182

V-PRESIDENT
SECRETARY-TREASURY

The name and address of the incorporator executing these Articles of Incorporation is:

OLIVIA ACANDA
962 NW 135 CT
MIAMI, FL 33182

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 09TH. day of Nov., 1999.


Olivia Acanda

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:
To have perpetual succession by its corporate
name; STEPHANIE MEDICAL SUPPLIES, CORP.

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of \$10.00.

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

OLIVIA ACANDA
962 NW 135 CT
MIAMI, FL 33182

The principal office shall be:

962 NW 135 CT
MIAMI, FL 33182

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

Pursuant to the provision of sections 607.0501 or 617.0501, 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:

STEPHANIE MEDICAL SUPPLIES, CORP.

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

**OLIVIA ACANDA
962 NW 135 CT
Miami FL 33182**

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

Olivia Acanda

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TALLAHASSEE, FLORIDA

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