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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

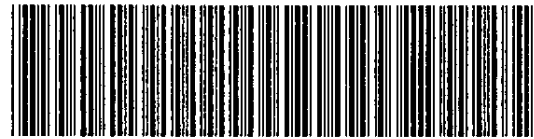
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE
FALLS CHURCH, VIRGINIA

T. Burch FEB 4 2011

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: JAIRO'S MEDICAL SUPPLIES, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: JAIRO SANDOVAL
Name (Printed or typed)

400 SW 34 AVE
Address

MIAMI FLORIDA 33135
City, State & Zip

305)733-6161
Daytime Telephone number

eferna9830@aol.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME JAIRO'S MEDICAL SUPPLIES, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address: 400 SW 34 AVE
Mailing address, if different is:
MIAMI FLORIDA 33135

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
RETAIL/SALES & RENTAL MEDICAL SUPPLIES AND EQUIPMENT


ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
Name and Title: JAIRO SANDOVAL, PRES. Name and Title:
Address: 400 SW 34 AVE Address:
MIAMI FLORIDA 33135
Name and Title: Name and Title:
Address: Address:
Name and Title: Name and Title:
Address: Address:

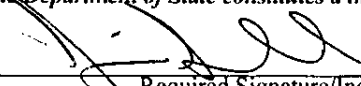
ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name: JAIRO SANDOVAL, PRES.
Address: 400 SW 34 AVE
MIAMI FLORIDA 33135

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Name: JAIRO SANDOVAL, PRES.
Address: 400 SW 34 AVE
MIAMI FLORIDA 33135

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent 01/31/2011
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator 01/31/2011
Date

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2011 FEB -3 PM 4: 41
DEPARTMENT OF STATE
CORPORATION DIVISION
TALLAHASSEE, FLORIDA