

**1500093200**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : JP GLOBAL BUSINESS  
Account Number : 120130000083  
Phone : (305)436-0093  
Fax Number : (305)436-0094

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: doral@jpgbusiness.com

FLORIDA PROFIT/NON PROFIT CORPORATION

P13000016502 **O&E Medical Equipment Corp**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

15 NOV 16 PM 1:20

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

5 NOV 16 PM 1:01

**FILED**

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November 04, 2015

Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of O&E Medical Equipment Corp.  
Of Doc # P13000016502 are the same owners of the attached  
articles of incorporation. We have dissolved the company and have no intention of  
reopening it. Thank you for your help in this matter.

Very sincerely

Thous Hernandez

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 NOV 15 PM 1:10  
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**COVER LETTER**

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

**SUBJECT:** O&P MEDICAL EQUIPMENT CORP  
(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

\$78.75 Filing Fee & Certified Copy  
 \$87.50 Filing Fee, Certified Copy & Certificate of Status

**ADDITIONAL COPY REQUIRED**

**FROM:** SUSANA BIJANI  
Name (Printed or typed)

7325 NW 36TH ST  
Address

MIAMI, FL 33166  
City, State & Zip

3054360093  
Daytime Telephone number

DORAL@JPGBUSINESS.COM  
E-mail address: (to be used for future annual report notification)

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

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ARTICLES OF INCORPORATION  
In compliance with Chapter 607 and/or Chapter 62L, F.S. (Profit)

ARTICLE I NAME O&E MEDICAL EQUIPMENT CORP  
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE  
Principal street address  
812 CAVENDER RD SE  
DALTON, GA 30721

Mailing address, if different is:  
812 CAVENDER RD SE  
DALTON, GA 30721

ARTICLE III PURPOSE  
The purpose for which the corporation is organized is: ANY AND ALL LAWFULL  
BUSINESS

ARTICLE IV SHARES 1000  
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: THAIS HERRANDEZ, PRESIDENT Name and Title: \_\_\_\_\_  
Address: 812 CAVENDER RD SE Address: \_\_\_\_\_  
DALTON, GA 30721 \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

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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: JP GLOBAL BUSINESS SOLUTIONS INC  
 Address: 7325 NW 36TH ST  
MIAMI, FL 33166

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

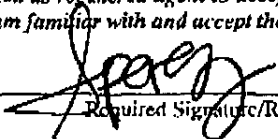
Name: THAIS HERNANDEZ  
 Address: 812 CAVENDER RD SE  
DALTON, GA 30721

**ARTICLE VIII EFFECTIVE DATE:**

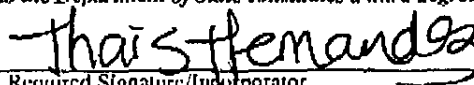
Effective date, if other than the date of filing: 11/04/2015 (OPTIONAL)  
 (If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

 11/04/2015  
 Required Signature/Registered Agent 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.*

 11/04/2015  
 Required Signature/Incorporator Date

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