

Florida Department of State
Division of Corporations
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**Enter the email address for this business entity to be used for future
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Email Address: _____

FLORIDA LIMITED LIABILITY CO.
VAG Medical, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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COMMERCIAL
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Help

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

ARTICLE I NAMEThe name of the corporation shall be: VAG Medical, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address
2931 SW 14th Street
Ft. Lauderdale, FL 33432Mailing address, if different is:

_____**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Surgical Supply Sales

_____**ARTICLE IV SHARES**The number of shares of stock is: 200**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Vincent A. Guanno, Director

Name and Title: _____

Address 2931 SW 14th Street

Address: _____

Ft. Lauderdale, FL 33432

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

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: Vincent A. Guanno
 Address: 2931 SW 14th Street
Ft. Lauderdale, FL 33432

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Vincent A. Guanno
 Address: 2931 SW 14th Street
Ft. Lauderdale, FL 33432

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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.

 Required Signature/Registered Agent
 Date 08/15/2024

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
 Date 08/15/2024

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