Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

: CSH SERVICES, LLC Account Name

Account Number : I20070000160 Phone : (800)494-3124

Fax Number : (561)455-9885

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

Ema11	Address:_	 	

FLORIDA PROFIT/NON PROFIT CORPORATION AMERICA CARE MEDICAL SUPPLIES INC

Certificate of Status	0
Certified Copy	0
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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

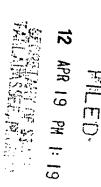
The name of the corporation shall be:

AMERICA CARE MEDICAL SUPPLIES INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

708 SW 80 TERRACE NORTH LAUDERDALE, FL 33068



ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 1,500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is/are:

DIRECTOR, PRESIDENT
MARK ANTHONY PORTER
708 SW 80 TERRACE
NORTH LAUDERDALE, FL 33068

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ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

MARK ANTHONY PORTER
708 SW 80 TERRACE
NORTH LAUDERDALE, FL 33068

ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is:

MARK ANTHONY PORTER
708 SW 80 TERRACE
NORTH LAUDERDALE, FL 33068

12 APR 19 PM 1: 10

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.

MARK ANTHONY PORTER / Registered Agent

MARK ANTHONY PORTER /Incorporator

7 1 (7 (2 0) <u>Z</u> Date

Date