PAAADO00209

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

SUBJECT: Rile	y Supply, Inc. (PROPOSED CORPORAT	E NAME - MUST INCLU	DE SUFFIX)		 ''알이보 3 <u></u>
	·	** -4 C	000032946 -06/19/0001 *****87.50	3 54 — 1009—00 *****	—8 96 1.50
Enclosed is an original	l and one(1) copy of the article	s of incorporation and a	cneck for :	1	
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM:	12740 Spinnaker A West Palm Beach,	ddress	SECRETARY OF STATE TALLAHASSEE, FLOREN	FILED	
	(561)792-4009 Daytime Te	lephone number	.		

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 The name of the corporation shall be:	d *	e Common or a	- 44
Riley Supply, Inc.	*	-15 B	<u>.</u>
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:		MI 19	FILED 1:40
12740 Spinnaker Lane West Palm Beach, Fl. 33414	-	- 50 20	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	e dust		
Wholesale Medical Supplies	<u>-</u>		73147 H + 44
ARTICLE IV SHARES The number of shares of stock is:	-		
100			
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es):	. ar .:-:		······································
Keri Suess 12740 Spinnaker Lane West Palm Beach, Fl. 33414 ARTICLE VI REGISTERED ACENT The name and Florida street address of the registered agent is:			- 10 g 1 15 g 1
Keri Suess 12740 Spinnaker Lane West Palm Beach, Fl. 33414	. *		
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	. =		
Keri Suess 12740 Spinnaker Lane West Palm Beach, Fl. 33414			
**********************	*****	*****	*****
Having been named as registered agent to accept service of process for the above stated corp certificate, I am familiar with and accept the appointment as registered agent and agree to ac	ooration at th t in this capa	e place designat city	ed in this
Krii Suess	lalı31	00	
Signature/Registered Agent	Date		· · · · · · · · · · · · · · · · · · ·
Keri Suest Signature/Incorporator	<u>6 3 </u> Date	00	y