

**CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

PO000000 88218

Gabriel Medical Supply Corporation

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-09/18/00--01001--010  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

- Art of Inc. File cert
- LTD Partnership File
- Foreign Corp. File
- L.C. File
- Fictitious Name File
- Trade/Service Mark
- Merger File
- Art. of Amend. File
- RA Resignation
- Dissolution / Withdrawal
- Annual Report / Reinstatement
- Cert. Copy
- Photo Copy
- Certificate of Good Standing
- Certificate of Status
- Certificate of Fictitious Name
- Corp Record Search
- Officer Search
- Fictitious Search
- Fictitious Owner Search
- Vehicle Search
- Driving Record
- UCC 1 or 3 File
- UCC 11 Search
- UCC 11 Retrieval
- Courier T. SMITH SEP 19 2000

RECEIVED  
00 SEP 15 PM 3:35  
DIVISION OF CORPORATION

Signature \_\_\_\_\_

Requested by: LM 9/15 2:58

Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Walk-In \_\_\_\_\_ Will Pick Up \_\_\_\_\_

**ARTICLES OF INCORPORATION**

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

**ARTICLE I NAME**

The name of the corporation shall be:

Gabriel Medical Supply Corporation

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

913 Acroft Avenue  
Lehigh Acres, FL 33971

**ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

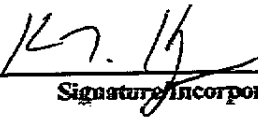
The name and Florida street address of the initial registered agent are:

Karen Kagan, 913 Acroft Ave, Lehigh Acres, FL 33971

**ARTICLE V INCORPORATOR**

The name and address of the incorporator to these Articles of Incorporation are:

Karen Kagan, 913 Acroft Ave, Lehigh Acres, FL 33971



Signature/Incorporator

8-28-00

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent



Signature/Registered Agent

8-28-00

Date

00 SEP 15 AM 9:07  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA