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TRANSMITTAL LETTER

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

500003396305--4

-09/18/00--01092--009  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: Mobility-Aids, Inc

(Proposed corporate name - must include suffix)

FILED  
00 SEP 18 AM 11:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

Additional Copy Required

FROM:

CAROL HAAS

Name (printed or typed)

5445 MARINER STREET

Address

Tampa FL 33609

City, State & Zip

(813) 287-1812

Daytime Telephone number

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

## ARTICLES OF INCORPORATION

FILED  
00 SEP 18 AM 11:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

### ARTICLE I NAME

The name of the corporation shall be:

*MOBILITY-AIDS, INC*

### ARTICLE II PRINCIPAL OFFICE

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

*5445 MARINER Street  
Tampa FL 33609*

### ARTICLE III SHARES

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

*1000 @ \$1.00 Par Value*

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*CAROL HANS  
5445 MARINER Street  
Tampa FL 33609*

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

CAROL HAAS  
5445 MARINER STREET  
TAMPA FL 33609

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

15 day of September, 2000.

Carol Haas

Signature

Signature

Signature

Articles of Incorporation  
Filing Fee - \$35

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Mobility - Aids Inc

FILED  
00 SEP 18 AM 11:36  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

2. The name and address of the registered agent and office is:

Carol Haas

(Name)

5445 Maciner Street

(P.O. Box or Mail Drop Box NOI acceptable)

Tampa FL 33609

(City/State/Zip)

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.

Carol Haas

(Signature)

9-15-00

(Date)