P010000545L

TRANSMITTAL LETTER

January 3, 2001

Secretary of State Corporation Division Executive Towers Tallahassee, FL 32304

SUBJECT: Nationwide Wheelchair, Scooters & Lifts, Inc.

Dear Sir or Madam:

Enclosed please find the Articles of Incorporation of Nationwide Wheelchair, Scooters & Lifts, Inc. Please file these with the appropriate authorities. I have enclosed a check of \$78.75 to cover the filing fee and Certificate of Status.

If you have any questions or should you require any further information, please notify me at the address above. Thank you for your assistance in this matter.

Sincerely,

Mary Ann Himmer 1536 Cypress Avenue Melbourne, FL 32935

(321) 255-5549

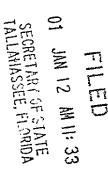
SECRETARY OF STATE
STATE ALL AHASSEE, FLORIDA

-01/16/01--01003--001

Les Ilio

(10)

Articles of Incorporation Of Nationwide Wheelchair, Scooters & Lifts, Inc.



I. Name

The name of the Corporation is Nationwide Wheelchair, Scooters & Lifts, Inc., hereinafter referred to as the "Corporation."

II. Purposes

The purpose of the Corporation is to transact any and all lawful business for which corporations may be incorporated under the laws of the State of Florida, as they may be amended from time to time.

III. Principal Office and Registered Agent

The principal office of the Corporation is 1536 Cypress Avenue, Melbourne, Florida 32935. The Corporation may maintain offices and/or transact business at other locations, either within or without the State of Florida. The name and address of the registered agent for service of process upon the Corporation is Mary Ann Himmer,

IV. Duration

The duration of the Corporation shall be perpetual.

V. <u>Capital Stock</u>

The Corporation is authorized to issue only one class of shares of stock which shall be designated Common Stock. The total number of shares the Corporation shall have authority to issue is 1,000, each share to have a par value of \$.01.

Note: Par value shares may be issued only for a consideration having a value, in the judgement of the Board of Directors, at least equivalent to the full par value of the stock to be issued. No par shares may be issued only for such consideration as is determined by the Board of Directors. All shares issued shall be fully paid and non-assessable.

VI. Directors

The number of directors constituting the initial Board of Directors of the Corporation is: Three (3). The names and addresses of the persons who are appointed to act as the initial directors of the Corporation are:

Director Name	Director Address
Mary Ann Himmer	650 Island Club Ct., Apt #138, Indialantic, FL 32903
Robert L Himmer	650 Island Club Ct., Apt #138, Indialantic, FL 32903
Jason M. Himmer	2392 Floridanne Dr., Melbourne, FL 32935

VII. Registered Agent

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

Registered Agent Name	Registered Agent Address	
Mary Ann Himmer	650 Island Club Ct., Apt #138, Indialantic, FL	32903

VIII. Incorporator

The name and address of the Incorporatior is:

Incorporator Name	Incorporator Address
Mary Ann Himmer	650 Island Club Ct., Apt #138, Indialantic, FL 32903

<u>IX.</u> No Personal Liability

The private property of the stockholders shall not be subject to the payment of corporate debts.

<u>X.</u> Operating Provisions

The provisions for the operation, regulations, and management of the business and internal affairs of the Corporation shall be as set forht in the Bylaws, which may be amended from time to time by a majority vote of a quorum of the Board of Directors.

XI. Fiscal Year

The fiscal year of the Corporation shall be form January to December of each year.

IN WITNESS WHEREOF, we have hereunto se	t our hands and seals on this, the 3
day of January 2000.	
l	
Maylenn // Signature/Registered Agent	$\frac{1/3/o}{\text{Date}}$
Marylan Hume Signature/Incorporator	<u>//3/</u> 0/

I hereby am familar with and accept the duties and responsibilities of Registerd Agent.

State of Florida	• · · · · · · · · · · · · · · · · · · ·
County of Brevard	_
Mary ann He	man
BEFORE ME, the undersigned authory Ang Hinner, kn	ority, on this day personally appeared own to me to be the person described in, and locument, who on oath stated to me that he/she
SUBSCRIBED AND SWORN TO I	BEFORE ME this the3_ day of
<i>l</i>	Notary Public in and for the State of Flocida
• /	ARY PUBLIC - STATE OF FLORIDA BETTY GARDNER COMMISSION # CC734081 EXPIRES 4/15/2002 NDED THRU ASA 1-888-NOTARY1
State of <u>Florica</u> County of <i>Bound</i>	
County of Krovasa	<u>-</u>
BEFORE ME, the undersigned author book L. Limne known whose name is subscribed to the foregoing deexecuted the same for the purposes and constitutions.	own to me to be the person described in, and occument, who on oath stated to me that he/she
SUBSCRIBED AND SWORN TO B	EFORE ME this the3 day of
,	Notary/Public in and for the State of Florida
My Commission Expires: 4/15/02	NOTARY PUBLIC - STATE OF FLORIDA BETTY GARDNER COMMISSION # CC734081 *** EXPIRES 415/2002 BONDED THRU ASA 1-889-NOTARY1

State of Florida	
,	
County of Brevard	
Jason M Amorta	
BEFORE ME, the undersign	ned authority, on this day personally appeared
Jason M. Himner	, known to me to be the person described in, and
	egoing document, who on oath stated to me that he/she and consideration therein expressed.
executed the same for the purposes	and consideration therein expressed.
SURSCRIRED AND SWO	RN TO REFORE ME this the 3 day of
£	RN TO BEFORE ME this the day of
SUBSCRIBED AND SWOP	
7	
7	Betha
£	Notary Public in and for the
7	Betha
£	Notary Public in and for the State of Harida