

P01000106410

Florida Department of State
Division of Corporations
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Katherine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850)205-0381

From:

Account Name : INCORPORATETIME.COM, INC.
Account Number : I19990000221
Phone : (631)224-9004
Fax Number : (631)224-7979

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DIVISION OF CORPORATIONS
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FLORIDA PROFIT CORPORATION OR P.A.

Advanced Discount Medical Equipment Inc.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$70.00 |

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ARTICLES OF INCORPORATION

THE UNDERSIGNED INCORPORATION 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 CORPORATION SHALL BE:

ADVANCED DISCOUNT MEDICAL EQUIPMENT INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business & mailing address of this corporation shall be

604 SW 9TH CT
CAPE CORAL FL 33991

ARTICLE III SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

2,000 SHARES AT \$.01 PAR VALUE

ARTICLE IV: INITIAL OFFICERS/DIRECTORS:

Vice-Pres./Director: LISA MARKLAND
Secretary/Treasurer: 604 SW 9TH CT., CAPE CORAL, FL 33991

President: ALTON MARKLAND

ARTICLE V: INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

LISA MARKLAND
604 SW 9TH CT
CAPE CORAL FL 33991

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ARTICLE V: INCORPORATOR:

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

KERRY WALSH, INCORPORATETIME.COM, INC.
35-37 CARLETON AVENUE, ISLIP TERRACE, NY 11752

KWalsh

Kerry Walsh, Incorporator

11/5/01

Date

Having been named registered agent and to accept service of process for the above stated corporation as 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 familiar with and accept the obligations of my position as registered agent.

Lisa Markland

LISA MARKLAND, Registered Agent

10/30/01

Date

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