# PO2000//569

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 02 JAN 28 AM 9: 43
CALL AHASSEE, FLORID

SUBJECT: AFFORDABLE HEALTH CARE SUPPLIES, INC. P

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

40004830934-

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

\$70.00

\$78.75

Filing Fee Filing Fee

& Certificate of Status

\$78.75

Filing Fee

& Certified Copy

□ \$87.50

Filing Fee, Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: CAROL A. WILSON
Name (Printed or typed)

1200 BEVILLE ROAD #37

DAYTONA BEACH, FL 32114

City, State & Zip

253 - 1200
Daytime Telephone number

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

75/102

| <b>ARTICLES</b> | OF INC | ORPOR    | ATION         |
|-----------------|--------|----------|---------------|
|                 | OI HIL | OILL OIL | - 1 1 1 1 1 1 |

FILED

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

02 JAN 28 AM 9: 43

## ARTICLE I NAME

UZ JAN ZO AN J. 4J

The name of the corporation shall be:

TALLAHASSEE, FLORIDA

AFFORDABLE HEALTH CARE SUPPLIES, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1200 BEVILLE ROAD #37

DAYTONA BEACH, FL 32114

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO SELL HEALTH CARE SUPPLIES

# ARTICLE IV SHARES

The number of shares of stock is: | OO

ONE HUNDRED

# ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

CAROL A. WILSON

1200 BEVILLE ROAD, #37

DAYTONA BEACH, FL 32114.

# ARTICLE VI REGISTERED AGENT

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

CAROL A. WILSON

1200 BEVILLE ROAD, #37

DAYTONA BEACH, FL 32114

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CAROL A. WILSON

1200 BEVILLE ROAD, #37

DAYTONA BEACH, FL 32114

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

(Oll Ilsan -

Signature/Registered Agent

1-24-02

Signature/Incorporator

Date