P02-00028013

Medical Linens of Florida, Inc.

7491 N. Federal Hwy, C5204 Boca Raton, FL 33487

City/State/Zip

Phone #

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Office Use Only

CORPORATION NAME(S) & DOCU	JMENT NUMBER(S), (if known):
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☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait	Certified Copy Photocopy Certificate of Status
NEW FILINGS	<u>AMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other
	3117
CR2E031(7/97)	Examiner's Initials

ARTICLES OF INCORPORATION

IN COMPLIEANCE WITH CHAPTER 607 AND /OR 621, F.S. (PROFIT

ARTICLE I

THE NAME OF THE CORPORATION SHALL BE

MEDICAL LINENS OF FLORIDA, INC.

PILLU 02 MAR -7 AM II: 13 SECRETARY OF STATE TALLAHASSEE, FLORID

ARTICLE II

THE PRINCIPLE PLACE OF BUSINESS AND MAILING ADRESS IS

7491 N. FEDERAL HWY. C5204. BOCA RATON, FL. 33487

ARTICLE III

THE PURPOSE FOR WHICH THECORPORATION IS ORGANISED IS

TO RUN A FOR PROFIT BUSINESS IN THE STATE OF FLORIDA

ARTICLE IV

THE NUMBER OF SHARES IS:

500

ARTICLE V

INITIAL OFFICERS/DIRECTORS

ARTICLE VI

REGESTERED AGENT
THE NAME AND FLORIDA STREET ADDRESS OF THE REGESTERED IS:

GRAHAM CAPOZIO 7491 N. FEDERAL HWY. C5204 BOCA RATON, FL. 33487

ARTICLE VII

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

GRAHAM CAPOZIO 7491 N. FEDERAL HWY. C5204 BOCA RATON, FL. 33487

HAVING BEEN NAMED AS REGESTERED 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.

RA.

SIGNATURE/REGESTERED AGENT

-SINATURE/INCORPORATOR