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SECRETARY OF STATE TALLAHASSEE FLORIDA

**CORPORATION(S) NAME** 

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( ) Limited Partnership ( ) Reinstatement	( ) Annual Report ( ) Reservation	( ) Other ( ) Change of Registered Agent	200 <u>-</u> 4
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### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 11, 2002

**EMPIRE** 

SUBJECT: EXCLUSIVE CARE MEDICAL EQUIPMENT & SUPPLIES, INC. Ref. Number: W02000016951

We have received your document for EXCLUSIVE CARE MEDICAL EQUIPMENT & SUPPLIES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

DESIGNATE THE REGISTERED AGENT IN THE ARTICLES. ACCEPTANCE SIGNATURE IS INSUFFICIENT FOR FILING.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6933.

Dale White Document Specialist New Filings Section

Letter Number: 402A00038305

# FILED

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# ARTICLES OF INCORPORATION

SECRETARY OF STATE TALLAHASSEE FLORIDA

**FOR** 

# **EXCLUSIVE CARE MEDICAL EQUIPMENT & SUPPLIES, INC.**

The undersigned, for the purpose of forming a corporation under the Florida General Corporation Act do hereby adopt the following Articles of Incorporation:

### **ARTICLE ONE**

The name of the corporation is <u>EXCLUSIVE CARE MEDICAL EQUIPMENT & SUPPLIES</u>, <u>INC.</u>

### **ARTICLE TWO**

The duration of the corporation shall be perpetual.

### **ARTICLE THREE**

The purpose of the corporation is to engage in any and all lawful business permitted pursuant to the laws of Florida.

### **ARTICLE FOUR**

The aggregate number of shares which the corporation is authorized to issue is 100 shares. Such shares shall be of a single class and shall have a par value of \$1.00 per share.

### **ARTICLE FIVE**

The corporations principal office address and the registered office address are the same. The address is:

EXCLUSIVE CARE MEDICAL EQUIPMENT & SUPPIES, INC. 3771 Southwest 29 Street Miami, FL 33134

CARLOS ESCOBAR

### **ARTICLE SIX**

The number of directors constituting the initial board of directors of the corporation is one. The name and address of each person who is to serve as a member of the initial board of directors is:

CARLOS ESCOBAR 3771 Southwest 29<sup>th</sup> Street Miami, FL 33134

CARLOS ESCOBAR

### **ARTICLE SEVEN**

The name and Florida street address of the initial Registered Agent is:

CARLOS ESCOBAR 3771 Southwest 29<sup>th</sup> Street Miami, FL 33134

### **CONSENT OF REGISTERED AGENT**

The undersigned, 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.

CARLOS ESCOBAR

Notary Public, State of F

### **ARTICLE EIGHT**

The name and address of the incorporator is:

CARLOS ESCOBAR 3771 Southwest 29th Street Miami, FL 33134

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STATE OF FLORIDA

) )SS:

COUNTY OF DADE)

The foregoing instrument was acknowledged before me on the 30 day of April,

2002, by CARLOS ESCORAR

KRISTINA CADAVIECO-DELGADO
Notary Public - State of Florida
My Commission Expires Jan 12, 2004
Commission # CC901533

My Commission Expires: