Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

\*\*\*\*\*87.50 \*\*\*\*\*87.50

Enclosed is an origin	nal and one(1) copy of the arti	cles of incorporation and	a check for:
☐ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status

Name (Printed or typed)

ADDITIONAL COPY REQUIRED

FILED

02 JUL 25 AM 9: 16

NOTE: Please provide the original and one copy of the SECRETARY OF STATE STATE



## ARTICLES OF INCORPORATION

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

*ARTICLE I NAME* 

The name of the corporation shall be: Retable Care, of Granica, he

PRINCIPAL OFFICE

The principal place of business/mailing address is: 1705-A Forest Lakes Citale 20456 J. J. Jacob Mod + 23406

ARTICLE III *PURPOSE* 

The purpose for which the corporation is organized is: wholesale medical supply

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS DIRECTORS (optional)

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

1705-Pa Forest Lates Circle

ARTICLE VI REGISTERED AGENT

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

1708-A FOREST When Citcle

west folm Beach, FL 33406

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

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

Signature/Registered Agent

Signature/Incorporator