

P02000104280

**Bob Lane's Complete
Accounting & Tax Service**

400 Tompkins Street

Inverness, FL 34450-4139

Phone (352) 344-2888 or (352) 344-2599

FAX (352) 637-5500

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

700007944567--5
-09/23/02--01042--011
*****70.00 *****70.00

4. _____
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

FILED
2002 SEP 23 AM 9:38
STATE
TALLAHASSEE, FLORIDA

09-27-07
Examiner's Initials

ARTICLES OF INCORPORATION

of

EAGLE OXYGEN + HOME MEDICAL EQUIPMENT, INC
(name of corporation)

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

ARTICLE I - CORPORATE NAME

The name of the corporation is:

EAGLE OXYGEN + HOME MEDICAL EQUIPMENT, INC

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 500 shares of common stock, par value \$ 1.00 per share.

ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

STREET ADDRESS	<u>3210 S. ROSE AVENUE</u>		
CITY	<u>INVERNESS</u>	FLORIDA	ZIP <u>34450</u>
Mailing address, if different			
STREET ADDRESS	<u>"SAME"</u>		
CITY	<u>INVERNESS</u>	FLORIDA	ZIP <u>34450</u>

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME	<u>MAURICE MCDANIEL</u>		
ADDRESS	<u>3210 S. ROSE AVENUE</u>		
CITY	<u>INVERNESS</u>	FLORIDA	ZIP <u>34450</u>

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have 1 (ONE) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

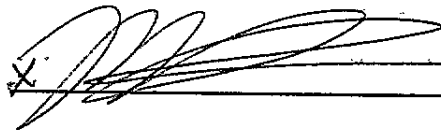
NAME	<u>MAURICE Mc DANIEL</u>		
ADDRESS	<u>3210 S. ROSE AVENUE</u>		
CITY	STATE	ZIP	
<u>INVERNESS</u>	<u>FL</u>	<u>34450</u>	
NAME			
ADDRESS			
CITY	STATE	ZIP	
NAME			
ADDRESS			
CITY	STATE	ZIP	

ARTICLE VIII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	<u>MAURICE Mc DANIEL</u>		
ADDRESS	<u>3210 S. ROSE AVENUE</u>		
CITY	STATE	ZIP	
<u>INVERNESS</u>	<u>FL</u>	<u>34450</u>	
NAME			
ADDRESS			
CITY	STATE	ZIP	
NAME			
ADDRESS			
CITY	STATE	ZIP	

The undersigned incorporator(s) have executed these Articles of Incorporation this 18 TH. day of September, 2002.

X  (Signature)

____ (Signature)

____ (Signature)

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/ REGISTERED OFFICE**

EAGLE OXYGEN + HOME MEDICAL EQUIPMENT, INC
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 3210 S. ROSE AVENUE
INVERNESS, FL 34450

has named MAURICE Mc DANIEL

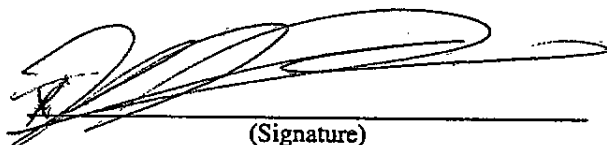
located at the aforesaid address, as its registered agent to accept service of process within this state.

STATE
TALLAHASSEE, FLORIDA

2002 SEP 23 AM 9:38

FILED

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


(Signature)

9-18-02

(Date)