

PO3000016351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

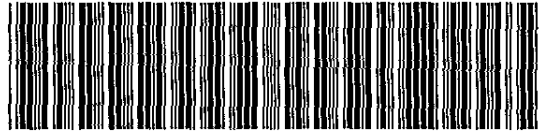
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2/11

## TRANSMITTAL LETTER

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

SUBJECT: ABSOLUTE OXYGEN + Medical Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles 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

**ADDITIONAL COPY REQUIRED**

FROM: Wayne Paquette  
Name (Printed or typed)

9918 E. ST. Regis CT.  
Address

INVERNESS, FL-34450  
City, State & Zip

352-637-3298  
Daytime Telephone number

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

**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:

Absolute Oxygen + medical, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

PO Box 1FA2  
JNVENNESS, FL 34451

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Professional Corporation

**ARTICLE IV SHARES**

The number of shares of stock is:

1

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

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

WAYNE PAQUETTE Pres.  
9918 E. ST. Regis CT.  
JNVENNESS, FL 34450

**ARTICLE VI REGISTERED AGENT**

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

WAYNE PAQUETTE  
9918 E. ST. Regis CT.  
JNVENNESS, FL 34450

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

ABSOLUTE Oxygen + medical  
PO BOX 1FA2  
JNVENNESS, FL 34451

\*\*\*\*\*  
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

Wayne Paquette

WAYNE PAQUETTE  
Signature/Registered Agent

2/4/03

Date

Wayne Paquette

WAYNE PAQUETTE  
Signature/Incorporator

2/4/03

Date

FILED  
03 FEB -5 PM 3:33  
SECRETARY OF STATE  
TALLAHASSEE, FL 32305