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SECRETARY OF STATE
ALLAHASSIE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT:	HOME- OX	Inc			
	(PROPOSED CORPORA)	TE NAME — <u>MUST INCL</u>			
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:					
Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status		
FROM:	JAMES M. L Name (1	OFTIS Siz. Printed or typed)			
414 FORREST Street					
Windermere, FL 34786 City, State & Zip					
(843) 276-9552 Destine 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)

FILED 03 FEB 14 PH 12: 42 SECRETARY OF STATE TALLAHASSEE, FI DRIFT.

ARTICLE I NAME

The name of the corporation shall be:

HOME - OX INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

414 FORREST Street Windermere, FL 34786

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Home RESPIRATORY Equipment

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

ARTICLE VI	REGISTERED	AGENT

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

JAMES M. LOFTIS SR. 414 FORREST Street Windermere, FL 34786

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JAMES M. LOFTIS SR. 414 Forrest Street Windermere, FL 34786

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 wife and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

adul---

Signature/Incorporator

Date