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TRANSMITTAL LETTER

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

UBJECT: C.F	ł. Medical Supplies, Inc.		
	(PROPOSED CORPORA	ATE NAME – MUST INCL	UDE SUFFEX)
nclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d a check for:
2 \$70.00	\$78.75	\$78,75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
			Status
		ADDITIONAL COPY REQUIRED	
FROM:	Carol Hawks		
	Name (Printed or typed)		
	2680 Dakota Drive		
	Address		
	Deland, Florida 32724		
,	City	, State & Zip	
	386-775-1754 or 386-717-6948		
, •	Davtime	Felenhone 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)

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

C.H. Medical Supplies, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2680 Dakota Drive Deland, Florida 32724

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Sale and rental of medical supplies.

ARTICLE IV SHARES

The number of shares of stock is: 100 shares

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Carol Hawks, Owner 2680 Dakota Drive Deland, Florida 32724

ARTICLE VI REGISTERED AGENT

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

Carol Hawks 2680 Dakota Drive Deland, Florida 32724

ARTICLE VII INCORPORATOR

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

Carol Hawks 2680 Dakota Drive Deland, Florida 32724

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

3-21-03

3-21-03

Date