P03000/55072

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TRANSMITTAL LETTER

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

SUBJECT:	Med Supply.	TOC - TE NAME - MUST INCLU	SDIA AND SHAVA	
	ea c enory)	TE NAME – <u>MUST INCL</u>	DDE SUFFIX)	
Enclosed are an ori	ginal 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 ADDITIONAL CO	#\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	Lovins, Branch	4 Company (Printed or typell)	, P.C.	
P.O. Box 2000 Address				
	Vidalia, GA	30475 State & Zip		
	912 - 537 - 319 Daytime T	O elephone number		

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

ARTICLES OF INCORPORATION OF MedSupply, Inc.

PILE PM 3: 38

1.

The name of the corporation is MedSupply, Inc.

2.

The principal place of business is at 138 Palm Coast Parkway N. E., Suite 382, Palm Coast, FL 32137. The mailing address of the business is 138 Palm Coast Parkway N. E., Suite 382, Palm Coast, FL 32137.

3.

The purpose for which the corporation is organized is to provide sales of medical equipment and supplies as a business for profit.

4.

The corporation shall have authority to issue not more than 100,000 shares of \$1.00 par value stock.

5.

The initial officer of the corporation will be:

Patricia D. Blecha, President 61 Lagare Street Palm Coast, FL 32135

6.

The Registered Agent of the corporation is:

Patricia D. Blecha 61 Lagare Street Palm Coast, FL 32135 The mailing address of the incorporator is:

MedSupply, Inc. C/O LOVINS, BRANCH & COMPANY, P.C. P. O. BOX 2000 VIDALIA, GA 30475

IN WITNESS WHEREOF, the undersigned executes these Articles of Incorporation.

PÁTŘIČIA D. BLEČHÁ

Patricia D. Blecha P.O. Box 2000 Vidalia, Georgia 30475

* ************************************	
Having been named as registered agent to accept service of process for the al	ove stated corporation at the place designated in this
certificate, I am familiar with and accept the appointment as registered agent a	nd agree to act in this capacity
	k 11 17
Karinga Mille	D-1/c/23
SignatureAlegistered Agent	Date
	/ /
fled ones	11/25/03
Signature/Incorporator	Date