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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: Assisted Living Medical Supplies Inc
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is 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: Brenda Aiken
Name (Printed or typed)

6005 SE Windsong Lane
Address

Stuart Florida 34997
City, State & Zip

772-286-5688
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)

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ARTICLE I NAME

The name of the corporation shall be:

Assisted Living Medical Supplies Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

6005 SE Windsong Lane
Stuart Florida 34997

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Supplies

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Brenda Aiken
6005 SE Windsong Lane
Stuart Florida 34997

ARTICLE VI REGISTERED AGENT

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

Brenda Aiken
6005 SE Windsong Lane
Stuart Florida 34997

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Brenda Aiken
6005 SE Windsong Lane
Stuart Florida 34997

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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

Brenda Aiken
Signature/Registered Agent

12/20/03
Date

Brenda Aiken
Signature/Incorporator

12/20/03
Date