

P04000007889

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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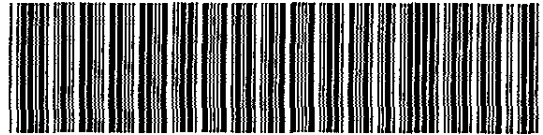
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/13
1/12

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)

ARTICLE I NAME

The name of the corporation shall be:

Assisted Living Medical Supplies Inc

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TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6005 SE Windsonq 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 HIKEN
6005 SE Windsonq Lane
Stuart Florida 34997

ARTICLE VI REGISTERED AGENT

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

BRENDA HIKEN
6005 SE Windsonq Lane
Stuart Florida 34997

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

BRENDA HIKEN
6005 SE Windsonq Lane
Stuart Florida 34997

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

12/30/03
Date



Signature/Incorporator

12/30/03
Date