

P04 0000 35609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

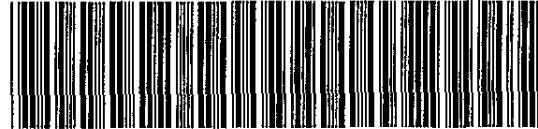
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 MAR 25 PM 6:24

TRANSMITTAL LETTER

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

SUBJECT: FAMILY MEDICAL EQUIPMENT & SUPPLY, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: LAZARO ROQUE
Name (Printed or typed)

1610 LANGAN AVE
Address

DELTONA FL 32738
City, State & Zip

386-532-4210
Daytime Telephone number

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TALLAHASSEE, FLORIDA

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
FAMILY MEDICAL EQUIPMENT & SUPPLY, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is.
2290 S VOLUSIA AVE SUITE F2 ORANGE CITY FL 32763

ARTICLE III PURPOSE

The purpose for which the corporation is organized is.

ARTICLE IV SHARES

The number of shares of stock is.
1000 OF ONE DOLLAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

ARTICLE VI REGISTERED AGENT

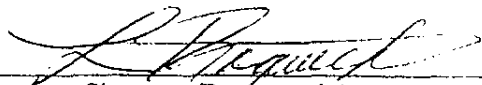
The name and Florida street address of the registered agent is:
LAZARO ROQUE
1610 LANGAN AVE DELTONA FL 32738

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
LAZARO ROQUE
1610 LANGAN AVE DELTONA FL 32738

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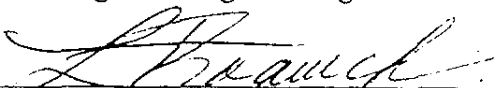
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

03/22/04

Date



Signature/Incorporator

03/22/04

Date

Article V. The names, address and titles of the Directors/Officers (**optional**). The names of officers/directors may be required to apply for a license, open a bank account, etc.

Article VI: The name and **Florida street address** of the initial Registered Agent. The Registered Agent **must** sign in the space provided and type or print his/her name accepting the designation as registered agent.

Article VII. The name and address of the Incorporator. The Incorporator **must** sign in the space provided and type or print his/her name below signature.

An Effective Date: Add a **separate article if applicable or necessary**: An effective date **may** be added to the Articles of Incorporation, otherwise the date of receipt will be the file date. (An effective date can not be more than five (5) business days prior to the date of receipt or ninety (90) days after the date of filing).

The fee for filing a profit corporation is:

Filing Fee	\$35.00
Designation of Registered Agent	\$35.00
Certified Copy (optional)	\$ 8.75 (plus \$1 per page for each page over 8, not to exceed a maximum of \$52.50).
Certificate of Status (optional)	\$ 8.75

(Make checks payable to Florida Department of State)

Mailing Address:
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
(850) 245-6052

Street Address:
Department of State
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399
(850) 245-6052

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