

P04000068882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

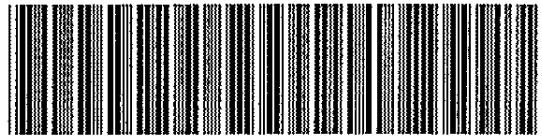
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: AAA Liberator Medical 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

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: AAA Liberator Medical Supply, Inc.

Name (Printed or typed)

PO Box 446

Address

Stuart, FL 34995

City, State & Zip

(772)287-2414

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:

AAA Liberator Medical Supply, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

PO Box 446, Stuart, FL 34995

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To conduct business of any legal nature

ARTICLE IV SHARES

The number of shares of stock is:

100,000 Shares of no par Common Stock

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Mark Libatore P/S/T/D PO Box 446, Stuart, FL 34995

ARTICLE VI REGISTERED AGENT

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

Mark Libatore 2700 SE Market Place, Stuart, FL 34997

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Mark Libatore 2700 SE Market Place, Stuart, FL 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

04/21/04

Date



Signature/Incorporator

04-21-04

Date

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TALLAHASSEE, FLORIDA

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