Florida Department of State

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Division of Corporations Public Access System

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To:

Division of Corporations

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From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

Phone

: (305)634-3694

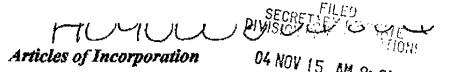
Fax Number : (305)633-9696

FLORIDA PROFIT CORPORATION OR P.A.

choice one medical supply inc.

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Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

Corporate Filing



The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE 1 NAME

The name of the corporation shall be: Choice One Medical Supply Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 19055 NW 62 Ave # 209
Miami. Florida 33015

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: The number shares which this corporation shall have the authority to issue is 100 shares of common stock NO PAR VALUE. Each share shall have equal rights to each other share with respect to dividends voting and in liquidation.

ARTICLE IV INITIAL REGISTERED AGENT & STREET ADDRESS

The name and Florida street address of the initial registered agent are: Rosibel Amortegui 19055 NW 62 Ave # 209

19055 NW 62 Avc # 209 Miami, Florida 33015

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are: Rosibel Amortegui 19055 NW 62 Ave # 209

Miami, Florida 33015

ARTICLE VI OFFICERS AND DIRECTORS

Resibel Amertegui 19055 NW 62 Ave # 209 Miami, Florida 33015

Signature/Incorporator Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certicale, I hereby accept the appoint ment as registered agent and agree to act in this capacity. I further agree to camply with the provisions of all statues relating to the proper and complete performance of my duties, and I om familiar with and accept the obligations of my position as registered agent.

Signature/Registered Agent

Date