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SECRETARY OF STATE DIVISION OF COMPACTION

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### Articles of Incorporation Filing Fee - \$70

#### TRANSMITTAL LETTER

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

SUBJECT:		ne Medical, Inc posed corporate name	e - must include suffix)	
Enclosed is	-		e articles of incorpora	
	\$70.00 Filing Fee	\$78.75 Filing Fee & & Certificate	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate
	FROM:	Ar	in Brooks Name (printed or typ	ped)
		_93	02 N Century Blvd. Address	
		_Ce	entury, Florida 3250 City, State, & Zip	
		<u>_85</u>	0-256-2999 Daytime Telephone	number

NOTE: Please provide the original and one copy of the articles.





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

#### ARTICLE I NAME

The name of the corporation shall be:

Tri-City Home Medical, Inc.

#### ARTICLE II PRINCIPAL OFFICE

The mailing address of this corporation shall be:

P.O. Box 130 Jay, FL 32565

#### ARTICLES III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000 Shares of Common Stock, with par value of \$1.00.

#### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Obie Derrek Nevels 2925 Shell Road Jay, FL 32565

#### ARTICLE V PURPOSE

The purpose or purposes for which the corporation is organized are:

To buy, sell, and lease medical supplies and equipment.

To transact any or all lawful business for which corporations may be incorporated under the laws of the State of Florida.

To purchase, lease or otherwise lawfully acquire, hold and own all tools, materials, fixtures, machinery, office supplies, furniture and equipment, apparatus of whatever nature, raw materials, ingredients, component parts or materials whatsoever, necessary or incidental to the business aforesaid.

To own, operate and/or lease automobiles, trucks or other means of transportation necessary or incident to the corporation's business.

To borrow or raise money without limit as to amount; to sell, pledge and otherwise dispose of and realize upon books accounts and other choses in action.

To enter into, make, perform and carry out contracts of every sort and kind which may be necessary or convenient for the business of this company, or business of a similar nature, with any person, corporation, private, public or municipal body politic under the government of the United States or any state, territory or possession thereof or any foreign government so far as and to the extent that the same may be done and performed by companies organized under the Florida Business Corporation Act.

To acquire by purchase, exchange, lease or otherwise, and to own, hold, use, develop, operate, sell, assign, lease, transfer, convey, exchange, mortgage, pledge or otherwise dispose of or deal in and with real and personal property of every class or description and rights and privileges therein, wheresoever situate.

#### ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

Obie Derrek Nevels, President 2925 Shell Road Jay, FL 32565 Incorporation is to be effective February 10, 2005.

The undersigned incorporators have executed these Articles of Incorporation this <a href="https://doi.org/10.1007/j.nc.2005.">11th day of January, 2005.</a>

Signature

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607-0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:	Tri-City Home Medical, Inc.	
2. The name and address of the regi	istered agent and office is:	
Obie Derrek Nevels		
	(Name)	
2925 Shell Road		
Address (P	P.O. Box not acceptable)	
Jay, FL 32565		
	(City/State/Zip)	
	and to accept service of process for the above stated corporati e, I hereby accept the appointment as registered agent and agre	
act in this capacity. I further agree to co	omply with the provisions of all statutes relating to the proger d I am familiar with and accept the obligations of my position	and Ch
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