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## TRANSMITTAL LETTER

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

SUBJECT:	USA Diabetic	Supplies.	Inc.
	inal and one (1) copy of the artic		
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	Robert Kiname (	YebS (Printed or typed)	
		State & Zip  78.5100	3429

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 <u>NAME</u> The name of the corporation shall be: USA Diabetic Supplies, Inc. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: po Pox 1 Boca Roton FL 33429 ARTICLE III PURPOSE The purpose for which the corporation is organized is: sale of medical supplies ARTICLE IV SHARES The number of shares of stock is: 1000 shares ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Robert T. Krebs, President RO BOX ) Proce Raton FL 33429 REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Joell Adams 127 Barefoot Cove Lordana PL 33462 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Robert Krebs PO BEX 1 Boca Raton FL 33429 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