

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION

RELIFORD MEDICAL EQUIPMENT AND SUPPLIES, INC.

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Corporate Filing Menu

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H06000063652 3

**ARTICLES OF INCORPORATION
OF**

RELIFORD MEDICAL EQUIPMENT AND SUPPLIES, INC

The undersigned, acting as incorporator, hereby adopts these Articles of Incorporation and forms a profit corporation (the "Corporation") under the laws of the State of Florida, as follows:

1. NAME

The name of this corporation is:

RELIFORD MEDICAL EQUIPMENT AND SUPPLIES, INC

2. TERMS OF EXISTENCE

The date when the corporate existence shall commence shall be the date of the execution of these Articles of Incorporation, and the Corporation shall have perpetual existence thereafter.

3. PURPOSE

The purpose for which this corporation is organized is to transact any and all business for which a corporation may be incorporated under Florida laws, including the ownership and operation of real property.

4. CAPITAL STOCK

The corporation shall have the authority to issue 1,000,000 shares of common stock, in one class only, each with a par value of \$1.00.

5. REGISTERED AGENT AND OFFICE
PRINCIPAL OFFICE AND ADDRESS

The registered agent shall be Charles Reliford, and the initial registered office and the principal office shall be at 18046 Villa Creek Drive, Tampa, Florida, 33647.

H06000063652 3

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6. BOARD OF DIRECTORS

The initial Board of Directors shall consist of one member whose name and address is as follows:

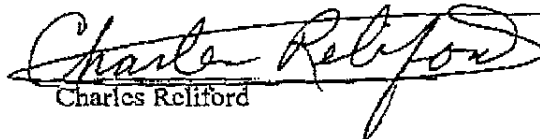
Charles Reliford: 18046 Villa Creek Drive, Tampa, Florida, 33647.

The number of Directors may be raised or lowered by amendment of the Bylaws of the Corporation, but shall in no case be less than one.

7. INCORPORATOR

The incorporator of this Corporation is Charles Reliford, whose address is 18046 Villa Creek Drive, Tampa, Florida, 33647.

In Witness thereof, the undersigned incorporator has executed these Articles of Incorporation on March 9, 2006.

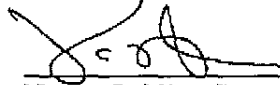

Charles Reliford

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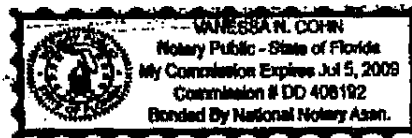
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STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

The foregoing Articles of Incorporation for **RELIFORD MEDICAL EQUIPMENT AND SUPPLIES, INC.**, were acknowledged before me this March 9, 2006, by Charles Reliford, who is personally known to me OR has produced a Florida driver's license as identification.



Notary Public - State of Florida at Large
My commission Expires:

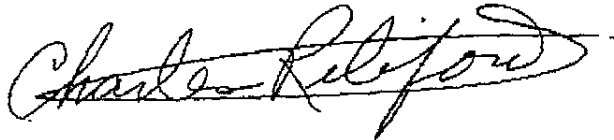


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ACCEPTANCE BY REGISTERED AGENT AND REGISTERED OFFICE

Having been named Registered Agent and designated to accept service of process for **RELIFORD MEDICAL EQUIPMENT AND SUPPLIES, INC.**, at 18046 Villa Creek Drive, Tampa, Florida, 33647, I hereby agree to act in this capacity. I further agree to comply with all the provisions of all the statutes relative to the proper and complete performance of my duties. I am familiar with and accept the obligations provided for in Section 607.325, Florida Statutes.



Charles Reliford
Registered Agent

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