

PO6000086573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

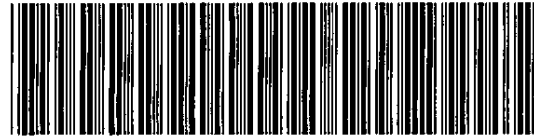
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/27/06--01005--014 **137.50

FILED
2006 JUN 27 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Hampton JUN 27 2006

TRANSMITTAL LETTER

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

SUBJECT: Domestication of C.A.S Medical Supply, Inc. (currently a foreign Corporation)

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	<u>\$78.75</u>
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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FROM: Deanna J. Barone

Name (printed or typed)

2562 Sahara LN

Address

North Port, FL 34286

City, State & Zip

941-625-1160

Daytime Telephone Number

CERTIFICATE OF DOMESTICATION

The undersigned, Deanna J. Barone, Owner,
(Name) (Title)


of C.A.S Medical Supply, Inc. a foreign corporation,
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was October 23, 2001.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Puerto Rico.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was C.A.S Medical Supply, Inc..
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is C.A.S Medical Supply, Inc..
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was Puerto Rico.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am the owner, of C.A.S Medical Supply, Inc.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 21 day of June, 2006.


(Authorized Signature)

Filing Fee:

Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	\$78.75
Total to domesticate and file	\$128.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

FILED
2006 JUN 27 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

C.A.S Medical Supply, Inc.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Place of Business: 3109 Tamiami Trail Suite 1, Port Charlotte, FL 33952

Mailing Address: 2562 Sahara LN, North Port, FL 34286

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Profit Corporation to sell and rent medical supplies to the public and insurance companies

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS:

100

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Deanna J. Barone
2562 Sahara LN
North Port, FL 34286

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:


Deanna J. Barone
2562 Sahara LN
North Port, FL 34286

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

Deanna J. Barone
2562 Sahara LN
North Port, FL 34286

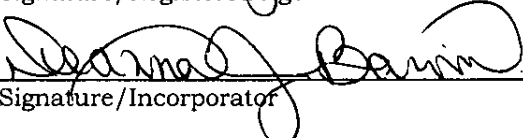
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE
STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I AM FAMILIAR WITH AND
ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.



Signature/Registered Agent

6-21-06

Date



Signature/Incorporator

6-21-06

Date