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| (Re                     | equestor's Name)   |               |
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| (Ad                     | ldress)            | ·             |
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| (Cit                    | ry/State/Zip/Phone | #)            |
| PICK-UP                 | ☐ WAIT             | MAIL          |
| (Bu                     | siness Entity Nam  | ne)           |
| (Do                     | cument Number)     | <del></del>   |
| Certified Coples        | Certificates       | of Status     |
| Special Instructions to | Filing Officer:    |               |
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Office Use Only



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## **LAZARUS**

| CORPORATE FILING S  | ERVICE   |               |
|---|--|---------------|
| 3320 SW 87TH AVENUE   | •  |               |
| MIAMI, FL 33165 (305) 55                                    | 52-5973  |               |
|   | Office Use Only  | ***           |
| CORPORATION NAME(S) & DO                                    | CUMENT NUMBER(S), (if known):  |               |
| 1. FLORIDA ONE (Corporation Name)                           | MEDICAL SUPPLY, FINC.  | <br>          |
| 2   |  |               |
| (Corporation Name)  | (Document #)   | — ·           |
| 3.  |  |               |
| (Corporation Name)  | (Document #)   | - · · · · · · |
| 4.  | • •  |               |
| (Corporation Name)  | (Document #)   |               |
| Walk in Pick up time  | 2.00 ET Certified Copy   |               |
| Mail out Will wait  | Photocopy  | tus           |
| NEW FILINGS   | AMENDMENTS   |               |
| Profit Not for Profit Limited Liability Domestication Other | Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger |               |
| OTHER FILINGS   | REGISTRATION/QUALIFICATION   |               |
| Annual Report Fictitious Name                               | Foreign Limited Partnership Reinstatement Trademark Other  |               |
|   | Evaninasia Initia  |               |

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#### ARTICLES OF INCORPORATION

LANCIARY OF STATE TALLAHASSEE, FLORIDA

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:

Florada one Medical Supply, Inc.

#### **ARTICLE II - PRINCIPAL OFFICE**

The principal place of business and mailing of this corporation shall be:

1700 SW 57 RV # 217.
Miahi FL 33155.

#### ARTICLE III -SHARES

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

100

#### ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Julian M. Morales

DU45 SW 185T

Mi Auni FL 33145.

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SEURETARY OF STATE
TALLAHASSEE, FLORIDA

#### **ARTICLE V - INCORPORATOR**

| ine name and street address of the incorporator to these Article                                    |
|---|
| ncorporation is: Julian H. Morales  |
| ncorporation is: Julian M. Morales  2445 SW 1887  Miani, PC 33145                                   |
| Miaui, FC 33145   |
| The undersigned incorporator has executed these Articles of ncorporation this day of 2006.          |
|   |
| Signature   |
| ARTICLE VI- DIRECTOR (S)  |
| The name(s) and street address (es) of the director(s) to these articles of Incorporation is (are): |
| Tulian M. Morales.  President:  |

#### **CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE**

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature