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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STAIL DIVISION OF CORPORATIONS

EP 4/24/08

## **COVER LETTER**

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

Tallahassee, FL 323	314		
SUBJECT: WINMIL	L MEDICAL SUPPLY AND EQU (PROPOSED CORPOR	HPMENT INC ATE NAME – <u>MUST INCI</u>	LUDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	OPY REQUIRED
FROM: WI	NSTON WILLIAMS Name	(Printed or typed)	
	649 REMINGTON GREEN DRIV	VE · Address	<u>.</u>
	PALM BAY FLORIDA 32909 City	y, State & Zip	
	954-914-1690 Daytime	Telephone number	

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 NAME

The name of the corporation shall be:

WINMILL MEDICAL SUPPLY AND EQUIPMENT, INC..

## ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 649 Remington Green Drive
Palm Bay, F1 32909

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TRANSACTING ANY OR ALL LAWFUL BUSINESS

# DIVISION OF CORPORATIONS ON APR 21 AM 9: 33

## ARTICLE IV SHARES

The number of shares of stock is:

THE CORPORATION IS AUTHORISED TO ISSUE ONE THOUSAND (1,000) SHARES OF \$1 PAR VALUE COMMON STOCK, WHICH SHALL BE DESIGNATED "COMMON SHARES"

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

THIS CORPORATION SHALL HAVE ONE(1) DIRECTOR INITIALLY. THE NUMBER OF DIRECTORS MAY BE EITHER INCREASED OR DIMINISHED FROM TIME TO TIME BY THE BY-LAWS, BUT NEVER LESS THAN ONE (1). THE NAME AND ADDRESS OF THE INITIAL DIRECTOR OF THIS CORPORATION IS:

WINSTON WILLIAMS 649 REMINGTON GREEN DRIVE PALM BAY FL 32909

## ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: WINSTON WILLIAMS 649 REMINGTON GREEN DRIVE PALM BAY, FL. 32909

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: WINSTON WILLIAMS 649 REMINGTON GREEN DRIVE PALM BAY FL 32909

********************	*******
Having been named as registered agent to accept service of process for the certificate, I am familiar with and goeept the appointment as registered agent	
Misto Alliano	4/18/08
Şignature/Registered Agent	Date
Much Wellians	4/18/08.
Signature/Incorporator	Date