

**P08000042808**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

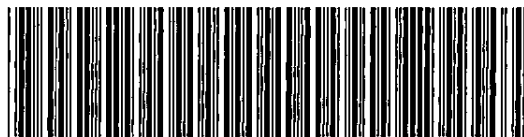
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2008 APR 28 PM 2:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*CS 4-29*

COVER LETTER

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

SUBJECT:

Paralysis Medical Supply, INC  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles 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 COPY REQUIRED

FROM:

Cameron Swain  
Name (Printed or typed)

~~1914 NW 43rd St~~ 10910 Cameron Ct.  
Address APT. 304

Davie  
Miami, FL 33324  
~~33142~~  
City, State & Zip

786-216-2859  
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 8, 2008

CAMERON SWAIN  
1914 NW 43 ST.  
MIAMI, FL 33142

SUBJECT: PARALYSIS MEDICAL SUPPLY INC.  
Ref. Number: W08000017922

We have received your document for PARALYSIS MEDICAL SUPPLY INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
New Filing Section

Letter Number: 208A00020616

# 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:

Paralysis Medical Supply Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Cameron Swain  
1914 NW 43rd St Miami, FL 33142

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose for which the corporation is organized is to  
Provide customers and clients with diabetic equipment and  
supplies

## ARTICLE IV SHARES

The number of shares of stock is:

1

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Cameron Swain (Founder) 1914 NW 43rd St Miami, FL 33142  
Anthony Swain (President) 1914 NW 43rd St Miami, FL 33142  
Craig Swain (Vice President) 1914 NW 43rd St Miami, FL 33142  
Quentin Swain (Vice President) 1914 NW 43rd St Miami, FL 33142  
MARCEA Swain (TREASURER) 1914 NW 43rd St Miami, FL 33142

## ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Cameron Swain  
1914 NW 43rd St  
Miami, FL 33142

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Cameron Swain  
1914 NW 43rd St  
Miami, FL 33142

\*\*\*\*\*  
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

Signature Registered Agent

Signature/Incorporator

Date

Date

4-4-08

4-4-08

FILED  
2008 APR 28 PM 2:06  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE