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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6-15-10 ch

## COVER LETTER

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

**SUBJECT:** MediSource Medical Equipment, 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:** Shelley Abrahams-Green

Name (Printed or typed)

249 Maitland Avenue, Suite 3000

Address

Altamonte Springs, FL 32701

City, State & Zip

(407) 691-3391

Daytime Telephone number

shelley@camelotorlando.com

E-mail address: (to be used for future annual report notification)

**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:

MediSource Medical Equipment, Inc.

## **ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

249 Maitland Avenue

Suite 3000

Altamonte Springs, FL 32701

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Medical equipment

## **ARTICLE IV SHARES**

The number of shares of stock is:

33.3% each = 100 shares

## **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Garvin Mark,  
President  
4442 Ringneck Rd  
Orlando, FL 32808

Shelley Abrahams-Green,  
Vice President  
2927 Curving Oaks Way  
Orlando, FL 32820

Denise Shearer,  
Secretary  
14734 Hartford Run Drive  
Orlando, FL 32828

## **ARTICLE VI REGISTERED AGENT**

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

Garvin Mark  
4442 Ringneck Road  
Orlando, FL 32808

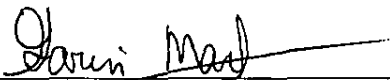
## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Denise Shearer  
14734 Hartford Run Drive  
Orlando, FL 32828

\*\*\*\*\*

*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

6-8-10

Date

6-8-10

Date

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TALLAHASSEE, FLORIDA