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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRD  
1/10/12

## COVER LETTER

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

**SUBJECT:** Avalon Park New & Used Medical Equipment & Supplies 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:** Dr. Femi Ogunfowokan

Name (Printed or typed)

2123 Tamarind Blvd

Address

Orlando, Florida 32828

City, State & Zip

(407) 529-6462

Daytime Telephone number

drfemi.ogun5@gmail.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: **Avalon Park New & Used Medical Equipment & Supplies**  
**inc.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
Dr. Femi Ogunfowokan/ President  
2123 Tamarind Blvd.  
Orlando, Florida 32828

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**Medical Equipment and Supplies**

**ARTICLE IV SHARES**

The number of shares of stock is: **100**

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

Name and Title: Femi Joseph Ogunfowokan jr./ vice President  
Address: 2123 Tamarind Blvd  
Orlando, Florida 32828

Name and Title: Lola Rachel Ogunfowokan/ Treasurer  
Address: 2123 Tamarind Blvd  
Orlando, Florida 32828

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

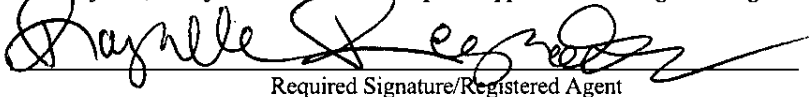
Name: Raynelle Reynolds  
Address: 1124 Laurel Oaks CT  
Oviedo, Florida 32765

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Dr. Femi Ogunfowokan  
Address: 2123 Tamarind Blvd.  
Orlando, Florida 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

  
Required Signature/Registered Agent

**January 6, 2012**  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

  
Required Signature/Incorporator

**January 6, 2012**  
Date

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