

From:

18 9 20 1.718.889.7420 Tue Nov 29 16:38:20 MSZ 1 3
P16000094248
11/29/2016 16:38:20 MSZ 1 3

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000292476 3)))



H160002924763ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800)221-2972
Fax Number : (888)692-9256

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
PERSIST HEALTHCARE CORP

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

FILED
16 NOV 29 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

D O'KEEFE

NOV 30 2016

From:

11/29/2016 16:21

#168 P.002/003

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: Persist Healthcare Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address
1500 Cordova Road Suite 210

Fort Lauderdale, FL 33316

Mailing address, if different is:

1500 Cordova Road Suite 210

Fort Lauderdale, FL 33316

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: durable medical equipment

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Edward J. Lake, Director

Address: 1500 Cordova Road Suite 210

Fort Lauderdale, FL 33316

Name and Title: Steven D. Gacovino, Director

Address: 16 Club House Court

Setauket, NY 11733

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

FILED
16 NOV 29 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

From:

11/29/2016 16:21

#166 P.003/003

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Edward J. Lake
Address: 1500 Cordova Road Suite 210
Fort Lauderdale, FL 33316

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Edward J. Lake
Address: 1500 Cordova Road Suite 210
Fort Lauderdale, FL 33316

FILED
16 NOV 29 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Edward J. Lake
Required Signature/Registered Agent

11/29/16
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.

Edward J. Lake
Required Signature/Incorporator

11/29/16
Date