

P20000043928

Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
ALL HEALTH MEDICAL SUPPLY CORP**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

M SIMMONS

JUN 16 2020

2020 JUN 16 AM 11:58

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be All Health Medical Supply Corp**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address2328 Hancock Bridge Pkwy1st Fl Ste 114 - FGCape Coral Fl 33990

Mailing address, if different is:

same as principal**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ARTICLE IV SHARESThe number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:

Roxana Garcia/President

Name and Title:

Address

2328 Hancock Bridge Pkwy

Address:

1st Fl Ste 114-F/GCape Coral Fl 33990

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title: _____

Address _____

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:

Roxana Garcia

Address:

2328 Hancock Bridge Pkwy1st Fl Ste 114 F/G Cape Coral FL 33990**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

Roxana Garcia

Address:

2328 Hancock Bridge Pkwy1st Fl Ste 114-F/G Cape Coral FL 33990**ARTICLE VIII EFFECTIVE DATE:**06/15/2020

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 days prior or 90 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

[Signature]
Required Signature/Registered Agent06/15/2020
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.

[Signature]
Required Signature/Incorporator

Date

06/15/2020