

P20000067411

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
HOPE OF LIFE MEDICAL SUPPLY CORP**

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

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2020 AUG 31 PM 4:12

SECTION:
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20 AUG 31 AM 11:10
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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:

Hope of Life Medical Supply Corp

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

2328 Hancock Bridge Pkwy 1st Fl Ste 114-E

Cape Coral Fl 33990

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Roxana Garcia (P)

Name and Title:

Address

2328 Hancock Bridge Pkwy

Address:

1st Floor Ste 114-E

Cape Coral Fl 33990

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Roxana Garcia
Address: 2328 Hancock Bridge Blvd 1st Fl Ste 114-E
Cape Coral FL 33990

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Roxana GARCIA
Address: 2328 HANCOCK Bridge Blvd 1st FL
Ste 114-E CAPE CORAL FL 33990

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 08/31/2020 (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

Roxana Garcia
Required Signature/Registered Agent

08/31/2020
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.

Roxana Garcia
Required Signature/Incorporator

08/31/2020
Date