

# P20000074650

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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Division of Corporations  
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**Email Address:** \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
COMMUNITY MEDICAL SUPPLY INC**

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

**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: Community Medical Supply Inc**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address

Mailing address, if different is:

4720 SE 15TH AVE UNIT 214  
CAPE CORAL FL 33904**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ARTICLE IV SHARES**

The number of shares of stock is:

100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Oscar E Garcia (P)

Name and Title:

Address

4720 SE 15th Ave  
Unit 214  
Cape Coral FL 33904

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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: Oscar E Garcia  
Address: 4720 SE 15th Ave Unit 214  
Cape Coral Fl 33904

**ARTICLE VII INCORPORATOR**The name and address of the incorporator is:

Name: Oscar E Garcia  
Address: 4720 SE 15th Ave Unit 214  
Cape Coral Fl 33904

**ARTICLE VIII EFFECTIVE DATE:**09/24/2020 (OPTIONAL)  
Effective date, if other than the date of filing:

(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.*

\_\_\_\_\_  
Required Signature/Registered Agent

09/24/2020  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the falsification of 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

09/24/2020  
Date