

**P210000001960**

Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

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## To:

Division of Corporations  
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FLORIDA PROFIT/NON PROFIT CORPORATION  
MID-POINT MEDICAL SUPPLY INC

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

J. FASON

JAN 12 2021

2021 JAN 11 AM 6:59

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Corporate Filing Menu

Help

**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:

**Mid-Point Medical Supply Inc****ARTICLE II PRINCIPAL OFFICE**Principal street address

3104 Del Prado Blvd Ste. 103

Cape Coral Fl 33904

Mailing address, if different is:

Same as principal address

**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 Garcia (P)** Name and Title: \_\_\_\_\_Address: **3104 Del Prado Blvd**  
**Ste 103**  
**Cape Coral Fl 33904**

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

Address: \_\_\_\_\_

2021 JAN 11 AM 6:59

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 Garcia  
Address: 3104 Del Prado Blvd Ste 103  
Cape Coral Fl 33904

**ARTICLE VII. INCORPORATOR**

The name and address of the incorporator is:

Name: Oscar Garcia  
Address: 3104 Del Prado Blvd Ste 103  
Cape Coral Fl 33904

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**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 days prior or 90 days after the filing.)

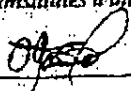
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

01/06/2021  
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

01/06/2021  
Date