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Florida Department of State
Division of Corporations
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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

Certificate of Status	0
Certified Copy	1
Page Count	03
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T. SCOTT

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:

Flexible Medical Supply Inc**ARTICLE II PRINCIPAL OFFICE**Principal street address

4720 SE 15th Ave Ste 108

Mailing address, if different is:

Cape Coral Fl 33904**same as principal****ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

For all Legal and Lawful purposes**ARTICLE IV SHARES**

The number of shares of stock is:

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

Address

4720 SE 15th Ave**Ste 108****Cape Coral Fl 33904**

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

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Name and Title: _____

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

Name:

Oscar Garcia

Address:

4720 SE 15th Ave Ste 108Cape Coral Fl 33904**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name:

Oscar Garcia

Address:

4720 SE 15th Ave Ste 108Cape Coral Fl 33904**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 03/09/2021 (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

Oscar Garcia

Required Signature/Registered Agent

03/09/2021

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.

Oscar Garcia

Required Signature/Incorporator

03/09/2021

Date