

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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To:

Division of Corporations  
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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
 FL CORAL MED SUPPLY INC**

Certificate of Status	0
Certified Copy	1
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RECEIVED

FLORIDA DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 OFFICE OF COMMERCIAL  
 SERVICES

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: FL CORAL MED SUPPLY INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

11595 KELLY ROAD SUITE 319  
FORT MYERS, FL 33908

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: Alain Rossello, Pres Name and Title:

Address Address:

11595 KELLY ROAD STE 319  
FORT MYERS, FL 33908

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: Alain Rossello  
Address: 11595 KELLY ROAD STE 319  
FORT MYERS, FL 33908

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

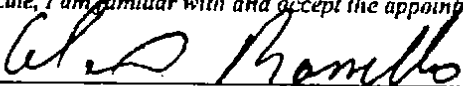
Name: Alain Rossello  
Address: 11595 KELLY ROAD STE 319  
FORT MYERS, FL 33908

**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.)

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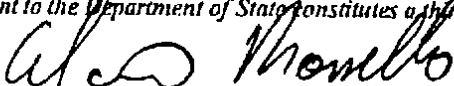
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Required Signature/Registered Agent

3/10/21  
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

3/10/21  
Date