

Florida Department of State
 Division of Corporations
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FLORIDA DIVISION OF CORPORATIONS
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**FLORIDA PROFIT/NON PROFIT CORPORATION
 FL CORAL MED 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: FL CORAL MED SUPPLY INC

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

11595 KELLY ROAD SUITE 319FORT MYERS, FL 33908**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARESThe 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 319FORT 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:

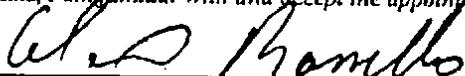
Name: Alain Rossello
Address: 11595 KELLY ROAD STE 319
FORT MYERS, FL 33908

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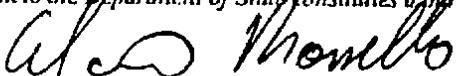
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



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