

P210004100353

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
ABC MEDICAL SUPPLY INC

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

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CORPORATE FILING

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SECRETARY OF STATE
TALLAHASSEE, FL
F11 30

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: ABC Medical Supply Inc**ARTICLE II PRINCIPAL OFFICE**Principal street address
8791 Conference Dr Ste 140

Mailing address, if different is:

Fort Myers FL 33919same as principal**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Any unlawful purpose**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Oscar Garcia President

Name and Title: _____

Address 8791 Conference Dr.

Address: _____

Ste 140Fort Myers FL 33919

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SECRETARY
TALLAHASSEE, FL

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: 8791 Conference Dr Ste 140
Fort Myers FL 33919

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Oscar Garcia
Address: 8791 Conference Dr Ste 140
Fort Myers FL 33919

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 11/03/2021 (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 as 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

11/03/2021
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

Date

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TALLAHASSEE, FL