

P22000005959

Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
CHOICE MEDICAL SUPPLY INC.**

Certificate of Status	0
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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:

Choice Medical Supply Inc.**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

2100 West First Street Suite 500

Mailing address, if different is:

Fort Myers FL 33901same as principal
address**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:

Viva Kennick (CP)

Name and Title:

Address:

2100 West First Street

Address:

Suite 500Fort Myers FL 33901

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

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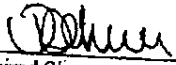
Address: _____

_____**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: Viva KornickAddress: 2180 West First Street Ste 500
Fort Myers FL 33901**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Viva KornickAddress: 2180 West First Street Ste 500
Fort Myers FL 33901**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 02/01/2022 (OPTIONAL)

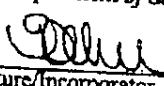
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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 in 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 Agent02/01/2022
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/IncorporatorDate 02/01/2022