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Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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FLORIDA PROFIT/NON PROFIT CORPORATION ADULT MEDICAL SUPPLY INC

Certificate of Status	0
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2022 FEB 25 AM 10: 49

ARTICLES OF INCORPORATION

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

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Name and Title:Address	Name and Title:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the Name: Marlon of Quinters Address: 2180 West First Street Ste 210 Fort Myers PC	
Ste 210 Fort Myers FC ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Harlow of Courters. Address: 2180 West First Street Serte 210 Fort Myers.	2022 FEB 25 AV
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot filing.) Note: If the date inserted in this block does not meet the applicable st the document's effective date on the Department of State's records.	(OPTIONAL) be more than five days prior or 90 days after the
Having been named as registered agent to accept service of process for certificate, I am familiar with and accept the appointment as registered Required Signature/Registered Agent	Date
I submit this document and affirm that the facts stated herein are tradocument to the Department of State constitutes a third degree felony of Required Signature/Incorporator	ue. I am aware that the false information submitted in a as provided for in s.817.155, F.S. Date