

**P220007395814849**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
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Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
ADULT MEDICAL SUPPLY INC**

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

2022 FEB 25 AM 10:49  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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## ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Adult Medical Supply IncARTICLE II PRINCIPAL OFFICEPrincipal street address: 2180 West First Street Suite 210

Mailing address, if different is:

Fort Myers FL 33901same as principal addressARTICLE III PURPOSEThe purpose for which the corporation is organized is: Any and all lawful business.ARTICLE IV SHARESThe number of shares of stock is: 100ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: Marlon M Quintaro (P) Name and Title:Address: 2180 West First Street Address:Suite 210Fort Myers FL 33901

Name and Title: Name and Title:

Address: Address:

Name and Title: Name and Title:

Address: Address:

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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: Marlon H. Quintero  
 Address: 2180 West First Street  
Suite 210 Fort Myers FL 33901

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Marlon H. Quintero  
 Address: 2180 West First Street  
Suite 210 Fort Myers FL 33901

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 DEPARTMENT OF STATE  
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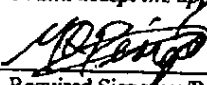
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 02/22/22 (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.)

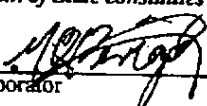
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation 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

02/22/22  
 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

02/22/22