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To: Division of Corporations  
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Account Number : 120220000023  
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Fax Number : (917) 243-5843

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**CAPE HAZE MEDICAL, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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TALLAHASSEE, FL  
3



**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: Cape Haze Medical, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

13382 Ingraham Blvd13382 Ingraham BlvdPort Charlotte, FL 33981Port Charlotte, FL 33981**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Medical Equipment Sales**ARTICLE IV SHARES**The number of shares of stock is: 200**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Deborah A. Marion - PRESIDENTName and Title: Christopher J. Marion - PRESIDENTAddress 13382 Ingraham BlvdAddress: 13382 Ingraham BlvdPort Charlotte, FL 33981Port Charlotte, FL 33981

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: Deborah A. Marion  
 Address: 13382 Ingraham Blvd  
Port Charlotte, FL 33981

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Deborah A. Marion  
 Address: 13382 Ingraham Blvd  
Port Charlotte, FL 33981

**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.)

**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*

Deborah A. Marion  
 Required Signature/Registered Agent

3/30/2023  
 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.*

Deborah A. Marion  
 Required Signature/Incorporator

3/30/2023  
 Date

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 DEPARTMENT OF STATE  
 TALLAHASSEE, FL