# 1 0 N

0 7 L Y

Address City

800001387623 -01/24/95--01054--006 \*\*\*\*122.50 \*\*\*\*122.50

CCRPORATION(S) NAME

DIABETIC SUPPLY	FOUNDATION OF
HOPE I INC	亡 (この記 (この記 (この記 (この記 (この記 (この記 (この記 (この記
	11 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	LORA III
	OA 1

Profit ( ) NonProfit	(	) Amendment	(	) Merger
( ) Foreign	(	) Dissolution	(	) Mark
( ) Limited Partnership ( ) Reinstatement	(	) Annual Report ) Reservation	(	) Other ) Change of Registered Agent
Certified Copy	(	) Photo Copies	(	) Certificate Under Seal
( ) Call When Ready  Walk In	( ) Will Walt	) Call If Problem	(	) After 4:30 ( ) Mail Out

Name	
Availability	
Document	
Examiner	
Updater	
Verifier	
Acknowledgment	
W.P. Verifier	<del> </del>

CONTROL CON

H. SIMS JAN 2 4 1995

No Printer Toll Free: 1-800-432-3028

## ARTICLES OF INCORPORATION OF DIABETIC SUPPLY FOUNDATION OF HOPE, INC.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

#### **ARTICLE I: NAME**

The name of the corporation shall be:

DIABETIC SUPPLY FOUNDATION OF HOPE, INC.

The principal place of business and mailing address of this corporation shall be: 651 Astarias Circle, Fort Myers, Florida 33919.



#### **ARTICLE II: NATURE OF BUSINESS**

This corporation will engage in the sale of diabetic supplies and may engage or transact in any or all other lawful activities of business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

#### **ARTICLE III: CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 1000 shares of common stock having a \$1 par value per share.

### ARTICLE: INITIAL REGISTERED AGENT AND ADDRESS

The street address of the initial registered office of the corporation shall be 651 Astarias Circle, Fort Myers, Florida 33919, and the name of the initial registered agent of the corporation at that address is Lane Goodman.

#### **ARTICLE V: TERM OF EXISTENCE**

This corporation is to exist perpetually.

#### **ARTICLE VI: DIRECTORS**

This corporation shall have two directors initially. The names and street addresses of the initial corporation directors are as follows:

Lane Goodman

651 Astarias Circle

Director

Fort Mycrs, Florida 33919

Sophic L. Goodman

651 Astarias Circle

Director

Fort Myers, Florida 33919

#### **ARTICLE VII: INDEMNIFICATION**

This corporation shall, to the fullest extent permitted by the provisions of Florida Statutes Section 607.0850, as the same may be amended and supplemented, indemnify any and all persons whom it shall have power to indemnify under said provision from and against any and all of the expenses, liabilities or other matters referred to in or covered by said provisions, and the indemnification provided for herein shall not be deemed exclusive of any other rights to which those indemnified may be entitled under any bylaw, agreement, vote of shareholders or disinterested directors or otherwise, both as to the action in his official capacity and as to action in another capacity while holding such office, and shall continue as to a person who has ceased to be a director or officer, and shall inure to the benefit of their heirs, executors and administrators of such a person.

#### **ARTICLE VIII: AMENDMENT**

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholder(s) is subject to this reservation.

#### **ARTICLE IX: INCORPORATION**

The name and street address of the incorporator to these Articles of Incorporation is:

Lane Goodman 651 Astarias Circle Fort Myers, Florida 33919

The undersigned has executed these Articles of Incorpor	ation this <u>20 H</u> day of	)
	Lanc Goodman, Presiden	ıt .
The foregoing instrument was acknowledged before me 1995 by Lane Goodman.  Signature of Notary Public, State of Florida at Large	this <u>20<sup>94</sup></u> , day of (SEAL)	FILED 95 JAII 24 JAII: 21 SECRETARY OF STATE TALLANKSEE, FLORIBA
Type or Print Name of Notary Public		
N/A My Commission Number		
NOTARY PUBLIC STATE OF FLORIDA NY CONSISSION EXP. NAY 16,1995 BONDED THRU GENERAL INS. UND.		
My Commission Expires		

#### ACCEPTANCE OF REGISTERED AGENT

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY AND I FURTHER AGREE TO COMPLY WITH PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

Signature Lanc Goodman

Date 1-20-95