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TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

100001494501  
-05/19/95--01043--009  
\*\*\*122.50 \*\*\*122.50

SUBJECT: MEDI-SERVICE MEDICAL EQUIPMENT, INC.  
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of Incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

Additional Copy Required

FROM: ISABELITA TIPTON  
Name (printed or typed)

8427 REDNOCK LANE  
Address

MIAMI LAKES, FLORIDA 33016  
City, State & Zip

(305) 824-9968  
Daytime Telephone number

FILED  
MAY 19 2011:22  
TALLAHASSEE, FLA

NOTE: Please provide the original and one copy of the articles.

SAB  
5/20/95

## ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

### ARTICLE I NAME

The name of the corporation shall be:

MEDI-SERVICE MEDICAL EQUIPMENT, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

8427 REDNOCK LANE

MIAMI LAKES, FLORIDA 33016

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

One Thousand (1,000) shares of common stock. One (1.00) Par Value

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ISABELITA TIPTON

8427 REDNOCK LANE

MIAMI LAKES, FLORIDA 33016

FILED  
55 MAY 19 4:11:23

**ARTICLE V INCORPORATOR(S)**

**See instructions for officers/directors**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

ISABELITA TIPTON / FOREST E. TIPTON

8427 REDNOCK LANE

MIAMI LAKES, FLORIDA 33016

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

15 day of May, 19 95.

Isabelita Tipton

Signature

Forest E. Tipton

Signature

Signature

**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: MEDI-SERVICE MEDICAL EQUIPMENT, INC.
2. The name and address of the registered agent and office is:

ISABELITA TIPTON  
(NAME)

8427 REDNOCK LANE  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

MIAMI LAKES, FLORIDA 33016  
(CITY/STATE/ZIP)

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Isabelita Tipton  
(SIGNATURE)

May 15, 1995  
(DATE)