

95000043397

TRANSMITTAL LETTER

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
JUN 30 PM 1:12

SUBJECT: Sunshine State Medical Supply, Inc.
(Proposed corporate name - must include suffix)

200001501462
-05/30/95--01060--005
****131.25 ****131.25

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:

CORLISSA DAY
Name (printed or typed)

8432 DUNDEE TERRACE
Address

MIAMI LAKES, FL. 33016
City, State & Zip

305-557-0422
Daytime Telephone number

6/6/95
TK

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

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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
JUN 3 1973 PM 1:12

ARTICLE I NAME

The name of the corporation shall be:

SUNSHINE STATE Medical Supply, Inc.

ARTICLE II PRINCIPAL OFFICE

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

8432 Dundee TERRACE
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:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Corlissa Day
8432 Dundee TERRACE
MIAMI LAKES, FLORIDA 33016

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

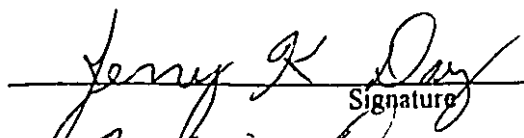
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

JERRY K. DAY
8432 DUNDEE TERRACE - PRESIDENT
MIAMI LAKES, FL. 33016

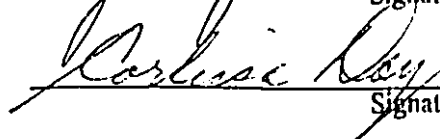
CORLISSA DAY
8432 DUNDEE TERRACE - SECRETARY
MIAMI LAKES, FL. 33016 - TREASURER

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

26 day of MAY, 19 95.



Signature



Signature

Signature

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

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City, State & Zip

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Daytime Telephone number

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**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:

Sunshine State Medical Supply, Inc

2. The name and address of the registered agent and office is:

Carlissa Day
(NAME)

8432 Dundee Terrace
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

MIAMI LAKES, FL 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.

Carlissa Day
(SIGNATURE)

5/26/95
(DATE)

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Carlissa Day
(SIGNATURE)

5/26/95
(DATE)