

P96000100489

TRANSMITTAL LETTER

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

EFFECTIVE DATE

1-1-97

600002026146--1
-12/11/96--01064--020
*****78.75 *****78.75

SUBJECT: HOME DELIVERED DIABETIC SUPPLY, 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: JOSEPH J. CRIAZZO
Name (printed or typed)

614 NE 1ST AVENUE
Address

CAPE CORAL, FLORIDA 33909
City, State & Zip

(941) 4585298
Daytime Telephone number

FILED
96 DEC 11 PM 1:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

12.12.96
KR

ARTICLES OF INCORPORATION

FILED

RECEIVED DATE

1-1-97

FILED
96 DEC 11 PM 1:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

HOME DELIVERED DIABETIC SUPPLY, INC.

ARTICLE II PRINCIPAL OFFICE

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

614 NE 1ST AVE
CAPE CORAL, FLORIDA 33909

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:

JOSEPH J. CRIAZZO
614 NE 1ST AVENUE
CAPE CORAL, FLORIDA 33909

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):

JOSEPH J. CRIAZZO
614 NE 1ST AVENUE
CAPE CORAL, FLORIDA 33909

ARTICLE VI/ EFFECTIVE DATE

THE EFFECTIVE DATE OF INCORPORATION WILL BE

JANUARY 1, 1997

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

30TH day of NOVEMBER, 19 96.

(An additional article must be added if an effective date is requested.)



Signature

Signature

Signature

Notarization is not required

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: HOME DELIVERED DIABETIC SUPPLY, INC.

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

JOSEPH J. CRIAZZO
(NAME)
614 NE 1ST AVENUE
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)
CAPE CORAL, FLORIDA 33909
(CITY/STATE/ZIP)

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TALLAHASSEE, FLORIDA

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.

Joseph J. Criazzo
(SIGNATURE)

11/30/96
(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314