

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

SUBJECT: <u>Pirat Coast Durable Medical Equipment Inc.</u>
(Proposed corporate name - mustinclude suffix)

Enclo	sed is an origin	00001706515 /05/9601078020 **122.50 ****122.50 <b>and a check</b>			
	670.00 Filing Fee	#78.75 Filing Fee & Certificate	# \$122.50 Filing Fee & Certified Copy Additional Copy	#131.25 Filing Fee, Certified Copy	
	FROM:	<u>Merilea T</u> Name	Merilea Taylor Name (printed or typed)		
		2955 Hart	105	1 /1/2	
			Address		2/3/1/6
		Jacksonvi : Cky	11e, F1. 32257 , State & Zip		(4°-15)
		(904) 886-		'	
		Daytime T	elephone number		

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.

> **ARTICLE I** NAME

The name of the corporation shall be:

First Coast Durable Medical Equipment, Inc.

ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be:

2955 Hartley Rd. Suite 105 Jacksonville, Fl. 32257

> ARTICLE III SHARES

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

The Capital Stock of this corporation shall consist of 1000 shares of Common Stock of \$1.00 Par Value each, all or part of said stock to be issued from time to time as determined by the board of directors.

INITIAL REGISTERED AGENT AND STREET ADDRESS ARTICLE IV The name and address of the initial registered agent is:

Merilea Taylor 2955 Hartley Rd. Suite 105 Jacksonville, Fl. 32257

## 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):

The business and property of this corporation shall be managed by a Board of Directors consisting of one (1) or more members as may be provided By-Laws.

The names and post office addresses of the first Board of Directors of this corporation, subject to provisions of this certificate, the By-Laws of this corporation, and the laws of the State of Plorida, shall hold office for the first year of this corporation's existense or until their successors are elected and have qualified, are as

Residing at:

Merilea Taylor = President 622 Hibernia Oaks Dr. Green Cove Springs, Fl. 32043

The undersigned incorporator(s) has(have) executed these Articles of Incorporation th
Meules Tarlos Esignature
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:	Pirst Coast Durable Medical Equipment, Inc
2. The name and address of the regis	tered agent and office is:
- Meriloa	Taylor (NAME)
2955 На	rtley Rd. Suite 105
(P.O. Box	or Mail Drop Box NOT ACCEPTABLE)
Jackson	VILLE, F1. 32257 (CITY/STATE/ZIP)  SECORE TANASSES OF THE SECORD SECOND
gent and agree to act in this conscin	gent and to accept service of process for the above stated this certificate, I hereby accept the appointment is registered. I further agree to comply with the provisions of all statutes formance of my duties, and I am familiar with and accept the lagent.
Muler Jacon (BIGNATURE)	——————————————————————————————————————