

P96000047757

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 8327
Tallahassee, FL 32314

FILED
MAY 31 PM 4:10
TALLAHASSEE, FL 32314

SUBJECT: Oxygen + Respiratory Care, Inc.
(Proposed corporate name - must include suffix)

600001845046
-05/30/96--01105--007
***122.50 ***122.50

600001845046
-05/30/96--01105--007
***122.50 ***122.50

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

FROM: Accounting Systems Technology
Name (printed or typed)

1825 S. Semoran Blvd #1066
Address

Winter Park, FL 32792
City, State & Zip

(407) 677-8575
Daytime Telephone number

AL JUN - 5 1996

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

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ARTICLES OF INCORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporators, for the purposes 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:

Oxygen and Respiratory Care, Inc.

ARTICLE II PRINCIPAL OFFICE

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

PO Box 3009
Apopka, FL 32703

ARTICLE III SHARES

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

One Hundred (100) shares of Common Stock

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

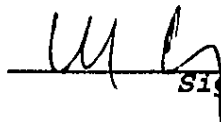
Uriel Cruz
540 N. HWY. 434, UNIT B
ALTAMONTE SPRINGS, FL 32714

ARTICLE V _____ INCORPORATORS

The names and street addresses of the incorporators to these Articles of Incorporation are:

Uriel Cruz
PO Box 3009
Apopka, FL 32703

The undersigned incorporator(s) have executed these Articles of Incorporation this twenty-fourth day of May, 1996.



Signature

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

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DATE
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FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, 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:

Oxygen and Respiratory Care, Inc.

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

Uriel Cruz

540 N. HWY. 434, UNIT B
ALTAMONTE SPRINGS, FL 32714

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.



(Signature)

5-23-96

(Date)