

Mrs. Ada I. Martinez  
123 N. Weatherfield Ave.  
Altamonte Springs, FL 32714

P96000050633

June 10, 1996

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-06/12/96--01094--020  
\*\*\*\*\*122.50 \*\*\*\*\*122.50

SECRETARY OF STATE  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Secretary of State:

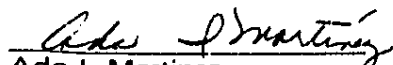
Enclosed find one original and a copy of the Articles of Incorporation of

**AIM HEALTH OXYGEN AND MEDICAL SUPPLIES, INC.**

Also find enclosed a check made payable to the Secretary of State in the amount of \$ 122.50 which includes the statutory filing fee, the registered agent fee and one certified copy.

Your assistance in establishing the corporation to be known as  
**AIM HEALTH OXYGEN AND MEDICAL SUPPLIES, INC.** is appreciated.

Respectfully,

  
Ada I. Martinez  
Secretary

56 JUN 12 PM 1:57  
P 11 000  
SECRETARY OF STATE  
TALLAHASSEE, FL 32314

GB 6/13/96

**ARTICLES OF INCORPORATION**

**OF**

**AIM HEALTH OXYGEN AND MEDICAL SUPPLIES, INC.**

96 JUL 12 PM 1:57

FILED  
CLERK OF THE STATE  
TALLAHASSEE, FLORIDA

THE UNDERSIGNED SUBSCRIBERS to these Articles of Incorporation, each a natural person competent to contract, hereby associate themselves together to form a corporation under the laws of the State of Florida.

**ARTICLE I**

The name of the corporation is: **AIM HEALTH OXYGEN AND MEDICAL SUPPLIES, INC.**

Mailing Address: 123 N. Weathersfield Ave., Altamonte Springs, FL 32714

**ARTICLE II**

The general nature of the business to be transacted by this corporation is:  
Sales and service of respiratory care equipment and supplies.

The foregoing purposes and activities will be interpreted as examples only and not as limitations, and nothing therein shall be deemed as prohibiting the corporation from extending its activities to any related or otherwise permissible lawful business purposes which may become necessary, profitable, or desirable for the furtherance of the corporate objectives expressed above.

**ARTICLE III**

The corporation shall have perpetual existence.

**ARTICLE IV**

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 300 shares of common stock, each having a \$ 1.00 par value.

The corporation will not commence business until it has received for the issuance of shares consideration of the value of \$ 200.00 consisting of money, labor done or property actually received.

**ARTICLE V**

The initial registered office of the corporation shall be:

123 N. Weathersfield Ave., Altamonte Springs, FL 32714

The initial registered agent shall be:

Ada I. Martinez: 123 N. Weathersfield Ave., Altamonte Springs, FL 32714

The Board of Directors may, from time to time, move the principal office to any other address in Florida. Branch offices may be maintained at such other places in the State of Florida, the United States of America and foreign countries as may, from time to time, be authorized by the Board of Directors.

ARTICLE VI

The corporation shall have not less than ONE director initially. The number of directors may be increased or diminished from time to time by BY-Laws adopted by the stockholders, but shall never be less than one. This corporation shall begin with ONE director.

ARTICLE VII

The names and addresses of the members of the initial Board of Directors are:

Ada I. Martinez: 123 N. Weathersfield Ave., Altamonte Springs, FL 32714

ARTICLE VIII

The name and address of the person signing the Articles of Incorporation as subscriber is:

Ada I. Martinez: 123 N. Weathersfield Ave., Altamonte Springs, FL 32714

Ada I. Martinez  
Ada I. Martinez

I do hereby accept designation as Resident Agent.

Ada I. Martinez  
Ada I. Martinez

STATE OF FLORIDA  
COUNTY OF SEMINOLE

I HEREBY CERTIFY that on this day before me, a Notary Public duly authorized in the State and County named above to take acknowledgments, personally appeared **Ada I. Martinez**, to me known to be the person described as a subscriber in and who executed the foregoing Articles of Incorporation, and acknowledged before me that he subscribed to these Articles of Incorporation.

WITNESS my hand and official seal in the County and State named above

this 10<sup>th</sup> day of JUNE, 1996

☒ Personally known to me

☐ Produced identification

Type of identification:



Josue F. Vasquez  
NOTARY PUBLIC SIGNATURE

NOTARY PUBLIC NAME (Printed/Typed)

My commission expires: 6-7-98