3601 Cyprass Gardens Rd Ste J Winter Haven FL 33884 City/State/Zlp Phone // Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time Certified Copy Mail out Will wait Photocopy Certificate of Status AMENDMENTS **NEW FILINGS** Profit Amendment NonProfit Resignation of R.A., Officer/ Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/ QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark

Other

Examiner's Initials 63 7



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96 JUL 10 PM 3: 11

SECRETARY OF STATE
TALLAHASSEE FLORIDA

June 25, 1998

JO V. BAER 3601 CYPRESS GARDENS RD SUITE J WINTER HAVEN, FL 33884

SUBJECT: FIRST CHOICE OXYGEN INC. Ref. Number: W96000013513

We have received your document for FIRST CHOICE OXYGEN INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to section 607.0202(1)(b) or 617.0202(1)(b), Florida Statutes, you must list the corporation's principal office, and if different, a mailing address in the document. If the principal address and the registered office address are the same, please indicate so in your document.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6931.

Garrett Blanton Document Specialist

Letter Number: 296A00031521

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#### ARTICLES OF INCORPORATION

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SECRETARY OF STATE TALLAHASSEE FLORIDA

FIRST CHOICE OXYGEN INC

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! NAME

The name of the corporation shall be:

FIRST CHOICE OXYGEN INC.

### ARTICLE II PRINCIPAL OFFICE

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

6039 Cypress Gardens Blud, Suite 220 Winter Haven FL 33884 ARTICLE III CAPITAL STOCK

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

ONE HUNDRED

## ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

To V. Baer 6039 Cypress Gardens Blvd, Suite 220 Winter Haven FL 33884

## ARTICLE V INCORPORATOR(S)

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

Jo V. Baer 6039 Cypress Gardens Blud, Suite 220 Winter Haven FL 33884

The undersigned has(have) e	executed these Articles of Incorporation this
day of	
·	Signature/Trie PRES/TRES/SECT
•	Signature/Title
	Signature/Title

# CERTIFICATE OF DESIGNATION 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.

	The name and address of the registered agent and office is:		
•	Jo V. Baer		
	(NAME) 6039 Cypress Gardens Blud, Juite 220 E	III 96	
	Winter Haven FL 33884 (CITY/STATE/ZIP)	10 PH	
	STATE TORIDA	<u>မှ</u>	is Mine) Frances
	SIGNATURE DOUBLE	r	
	TITLE PRESIDEN/TRES/SECT		
	DATE 7-3-96		•

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

DATE <u>7/-/3-96</u>

REGISTERED AGENT FILING FEE: \$35.00