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08/16/96
11:15:15

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

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-08/16/96--01060--011
*****70.00 *****70.00

SUBJECT: Wheelchair Express, 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: Lisa Hughes
Name (printed or typed)

P.O. Box 700637
Address

St. Cloud, FL 34770
City, State & Zip

(407) 957-2044
Daytime Telephone number

8-19-96

JD

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.

FILED
2016 AUG 16 10 51 AM
STATE OF FLORIDA
CORPORATION DIVISION

ARTICLE I NAME

The name of the corporation shall be:

Wheelchair Express, Inc.

ARTICLE II PRINCIPAL OFFICE

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

Business Address

3845 Henry J Ave.
St. Cloud, Fl., 34772

Mailing Address

P.O. Box 700637
St. Cloud, Fl., 34770

ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Lisa Hughes
3845 Henry J Ave.
St. Cloud, Fl., 34772

FILING FEE: \$70.00

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):

Robert Mann
3845 Henry J Ave.
St. Cloud, Fl., 34772

Lisa Hughes
3725 Kaiser Ave.
St. Cloud, Fl., 34772

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

05 day of August, 1996.

(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**

SEP 16 11 13 AM '08
FILED

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: Wheelchair Express, Inc.

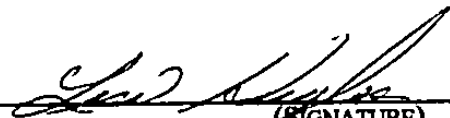
2. The name and address of the registered agent and office is:

Lisa Hughes
(NAME)

3845 Henry J Ave.
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

St. Cloud, Fl., 34772
(CITY/STATE/ZIP)

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)

8/12/08
(DATE)

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