P9000097757

Want to start a Corporation

96 DEC -4 PH 3: 15

Verified Name through Department of Corporations, LAHASSEE, FLORIDA

Name of Corporation: DIRECT MEDICAL RESPIRATORY SUPPLY'S

Address:

6055 North Wickham Road. Mclbourne, Fl 32940

President:

Sherry L. Moss

Vice President:

Michael J. Decker

Secretary/Treasurer Richard

Richard A. Moss

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November 1, 1996

SHERRY L. MOSS 6055 N WICKHAM RD MELBOURNE, FL 32940

SUBJECT: DIRECT MEDICAL RESPIRATORY SUPPLY'S Ref. Number: W96000023268

We have received your document for DIRECT MEDICAL RESPIRATORY SUPPLY'S and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

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) 487-6915.

Pamela Hall Document Specialist

Letter Number: 796A00050403

FILED

96 DEC -4 PH 3: 15

Articles of Incorporation of

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Direct Medical Respiratory Supply's Inc.

The undersigned incorporator, for purpose of forming a corporation under then Florida General Corporation Act, hereby adopts the following Articles of Incorporation.

Article I

The name of the corporation shall be: Direct Medical Respiratory Supply's Inc.

The principal place of business of this corporation shall be: 6055 North Wickham Road Suite #173
Melbourne, Fl. 32940

Articlo II

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation. The sale and rental of respiratory Equipment under private label.

Article III

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any on time is: 1000 shares; par value \$1.00 per share.

Article IV

This corporation is to exist perpetually. Effective date 10-27-96

Article V

The names and street addresses of the initial officers and director who shall hold office the first year of the corporation's existence or until their successors are elected, are:

President Sherry L. Moss 194 Richardson St SE Palm Bay Fl. 32909
Vice President Michael J. Decker 108 Easy St Melbourne Fl. 32934
Sceretary/Treasurer Richard A Moss 194 Richardson St SE Palm Bay Fl 32909

Artigle VI

The name and street address of the incorporator to this articles of incorporation is: Sherry L Moss 194 Richardson St SE Palm Bay FI 32909.

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 27th day of October 1996.

Signature of incorporator

State of <u>Olorida</u>

County of <u>Brevard</u>

The FOREGOING instrument was acknowledged and sworn to before me this 22 day of November 1994 by Sherry L. Moss of Direct Medical Respiratory Supply's Inc.

Diana L. Carey
My Commission & CC585063 Expires
May 8, 1999
BONDED THRU TROY FAIN RESURANCE, INC.

Notary Public

Deaxa Scarey

My commission Expires: May 6, 1999

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Certificate Designating

JEURLIANY OF STATE TALLAHASSEE, FLORIDA

Registered Agent/Registered Office

Pursuant to the provisions of Section 607.325, 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 Plorida.

- 1. The name of the Corporation is: Direct Medical Respiratory Supply's Inc.
- 2. The name and address of the registered agent is: Sherry L. Moss 194 Richardson St SE Palm Bay, 14, 32909.

Signature De Mos

Dato 11-22-9

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

Kally A. Decker ANY COMMISSION & CC598075 EXPIRES October 31, 2000 BONOED THRU TROY FAIN INSURANCE, INC.

Kelly A. Decker MY COMMISSION # CC598075 EXPIRES October 31, 2000 BONDED THRU TROY FAIN INSURANCE, INC.

Keny a Decker Keny A Decker 11-22-96