

P98000063458

TRANSMITTAL LETTER

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

500002581145-1
-07/07/98--01020--001
****122.50 ****122.50

SUBJECT: DME SHOPPE - FORT MYERS, FL
(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

FILED
98 JUL 14 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FROM: Carol Method
Name (Printed or typed)

11990 S. Cleveland Ave
Address

Fort Myers, FL 33907
City, State & Zip

(941) 936-7070
Daytime Telephone number

1-800-722-2828

7/14/98
SD 7/20

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: DME Shoppe - Fort Myers INC.

ARTICLE II PRINCIPAL OFFICE

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

11990 S. Cleveland Ave
Fort Myers, FL 33907

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 4000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

The Prentice-Hall Corporation System, INC.
1201 Hays Street
Tallahassee, FL 32301

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Carol Method
11990 S. Cleveland Ave.
Fort Myers, FL 33907



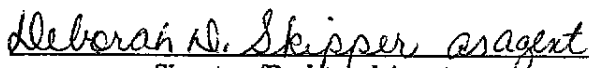
Signature/Incorporator

5-14-98

Date

(An additional article must be added if an effective date is requested.)

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/Registered Agent

5-15-98

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA