

TRANSMITTAL LETTER

P99000017501

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

300002782363--9

-02/22/99-01034-021

Equipment

*****78.75 *****78.75

SUBJECT:

Discount Medical Supplies, 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 of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

MARTIN KIP

Name (Printed or typed)

824 MIRAMAR COURT

Address

CAPE CORAL FLORIDA

City, State & Zip

33904-5934

941-540-8383

Daytime Telephone number

Martin Kip GAVE
AUTHORIZATION BY PHONE TO
CORRECT Change Corp. Name
DATE 2/24/99
DOC. EXAM BO

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

FILED
99 FEB 22 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BROCK FEB 24 1999

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:

DISCOUNT MEDICAL EQUIPMENT, INC.

ARTICLE II PRINCIPAL OFFICE

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

824 MIRAMAR COURT CAPE CORAL, FLORIDA 33904

ARTICLE III SHARES

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

One Hundred (100)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

MARTIN KIP

824 MIRAMAR COURT CAPE CORAL FL 33904

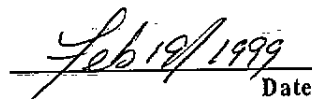
ARTICLE V INCORPORATOR

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

MARTIN KIP

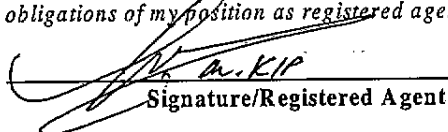
824 MIRAMAR COURT CAPE CORAL FL 33904

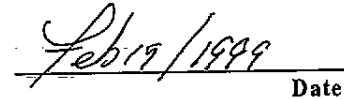

Signature/Incorporator


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


Date

FILED
99 FEB 22 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA