# P99000018475

Requ	estor's Name			
RAMANI, IN 13257 TANG	C. ERINE BLVD. I BEACH, FL 33412		Office Use Only	
CORPORATION NA		MENT NUMBER	(S), (if known):	
(Corpora	1. (Corporation Name)		t#)	
Z. (Corpora	Corporation Name)		t#)	
3. Corpora	ation Name)	(Document	ıt #)	
4(Corpor	ation Name)	(Document	at #)	
☐ Walk in ☐	Pick up time		Certified Copy	
	_	_	Certificate of Status	
NEW FILINGS	AMENDMEN	TS		
Profit	Amendment		8000027856385 -02/24/9901064006	
NonProfit	Resignation of R.A	., Officer/Director	*****78.75 *****78.75	
Limited Liability	Change of Register	red Agent	TAC	
Domestication	Dissolution/Withd	rawal	99 LLL/	
Other	Merger		EB 24 HASSEE	
OTHER FILINGS	REGISTRA	ATION/	4 AM 9: 2 RY OF STAT SEE, FLORI	
Annual Report	Foreign		9: 2 FOR	
Fictitious Name	Limited Partnershi	in	TE	
Name Reservation	Reinstatement		0 ~	
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L	Outer		7/24	
			Examiner's Initials	

CR2E031(1/95)

# ARTICLES OF INCORPORATION

OF

# NATIONAL DIABETIC SUPPLIES, 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 I NAME

The name of the corporation shall be:

NATIONAL DIABETIC SUPPLIES, INC.

### ARTICLE II PRINCIPAL OFFICE

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

13215 TANGERINE BLVD. WEST PALM BEACH, FL 33412

## ARTICLE III SHARES

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

One Thousand (1,000)

#### ARTICLE IV SHARES

The name and address of the initial registered agent is:

BETTY PASTOR 13215 TANGERINE BLVD. WEST PALM BEACH, FL 33412 99 FEB 24 M 9: 21
SECTEMAN OF STATE
AND A SECTEMAN SEE, FLORIDA

### ARTICLE V INCORPORATOR(S)

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

BETTY PASTOR 13215 TANGERINE BLVD. WEST PALM BEACH, FL 33412

The undersigned incof Incorporation thi	s <u>22</u> day of	ve) executed these	, 19 <u>%</u> .
	Signature		e e e e e e e e e e e e e e e e e e e
	Signature Signature		

# CERTIFICATE OF DESIGNATION OF

# REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, 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: NATIONAL DIABETIC SUPPLIES, INC.
- 2. The name and address of the registered agent and office is:

BETTY PASTOR 13215 TANGERINE BLVD. WEST PALM BEACH, FL 33412

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 statues 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.

99 FEB 24 AM 9: 21
SECRE INRY OF STATE TALLAHASSEE, FLORID,
(Signature)

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