

P99000057405

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

SUBJECT:

All Pro Respiratory, Inc.

(Proposed corporate name - must include suffix)

600002912746--5

-06/23/99--01017--007

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

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:

DARLENE M. BAILEY

Name (Printed or typed)

4718 Blount AVE.

Address

JAX., FL. 32210

City, State & Zip

904-908-4475

Daytime Telephone number

99 JUN 23 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

CB
U-2497
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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:

All Pro Respiratory, INC.

ARTICLE II PRINCIPAL OFFICE

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

DARLENE M. BAILEY
4718 Blount Ave.
JAX., FL. 32210

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

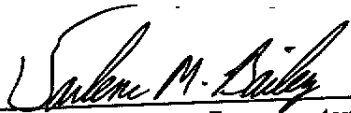
The name and Florida street address of the initial registered agent are:

DARLENE M. BAILEY 4718 Blount Ave. JAX., FL. 32210

ARTICLE V INCORPORATOR

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

DARLENE M. BAILEY 4718 Blount Ave. JAX., FL. 32210



Signature/Incorporator

6/16/99

Date

Having been named as the 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 of registered agent:



Date of signature:

6/17/99