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TRANSMITTAL LETTER

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

600003074236--9
-12/17/99--01079--003
*****78.75 *****78.75

SUBJECT: POWER MOBILITY HEALTHCARE, 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: STAN COOK
Name (Printed or typed)

8701 SW 40TH AVE
Address

DCALA, FL. 34476
City, State & Zip

352-690-1996
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 DEC 17 AM 7:56

FILED

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

T BROWN DEC 22 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:

POWER MOBILITY HEALTHCARE, INC.

ARTICLE II PRINCIPAL OFFICE

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

3913 SE LAKE WEIR RD.
OCALA, FL. 34480

ARTICLE III SHARES

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

50

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

STAN COOK
8701 SW 40TH AVE
OCALA, FL. 34476

ARTICLE V INCORPORATOR

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

STAN COOK
8701 SW 40TH AVE
OCALA, FL. 34476


Signature/Incorporator

12/8/99
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

12/8/99
Date