

N14000009570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300265143533

10/14/14--01007--012 **78.75

FILED
14 OCT 14 PM 12:23
FILING OFFICE
SANTA MONICA, CALIFORNIA

10/15/14 nh

COVER LETTER

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

SUBJECT: Serget Medical Solutions 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

ADDITIONAL COPY REQUIRED

FROM: Elizabeth Kaiser
Name (Printed or typed)

1414 Walden Oaks Pl.
Address

Plant City, FL 33663
City, State & Zip

813-965-2839
Daytime Telephone number

a105brad10@gmail.com
E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Berget Medical Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

1414 Walden Oaks Pl.
Plant City, FL 33563

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To advance medical capabilities in remote areas through providing first responder, basic trauma training to select personnel such as conservation rangers.

To improve quality of life in remote areas, with poor access to medical care, through training of local personnel in basic first aid and aseptic techniques.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: VIG election process of three founding members.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Elizabeth Hauser, CEO</u>	Name and Title:	<u>Roger Chapman, Director</u>
Address	<u>16213 Bridgepark Dr.</u> <u>Lithia, FL 33547</u>	Address:	<u>1414 Walden Oaks Pl</u> <u>Plant City, FL 33563</u>

Name and Title:	<u>Kalyn Woodington, Director</u>	Name and Title:	<u>Lauren Patrick, Director</u>
Address	<u>2011 Tennyson St.</u> <u>Apt. A</u> <u>Lakeland, FL 33801</u>	Address:	<u>2410 Oakdale Street</u> <u>South SE</u> <u>St. Petersburg, FL 33705</u>

Name and Title:	_____	Name and Title:	_____
-----------------	-------	-----------------	-------

Address	_____	Address:	_____
---------	-------	----------	-------

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Elizabeth Kaiser

Address: 16213 Bridgepark Dr.

Lithia, FL 33547

14 OCT 14 PM 12:23
RECEIVED
FLORIDA DEPARTMENT OF STATE

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Elizabeth Kaiser

Address: 16213 Bridgepark Dr.

Lithia, FL 33547

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Elizabeth Kaiser

Required Signature of Registered Agent

9.12.14

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Elizabeth Kaiser

Required Signature of Incorporator

9.12.14

Date