P04000005761

(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:

Llewellyn Glinton GAVE AUTHORIZATION BY PHONE TO CORRECT Art VI, Act I
DATE 1/9/04
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FILED
03 DEC 29 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Glinton Medical Products and Service, Inc.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are 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: Llewellyn F. Glinton
Name (Printed or typed)

2547 West 80 Street, Suit 7
Address

Hialeah Fl. 33016
City, State & Zip

305 819 6202
Daytime Telephone number

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:
Glinton Medical Products and Service, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:
2545 West 80th Street, Hialeah Fl. 33016
Unit # 7

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Distribute Medical Products and Services

ARTICLE IV SHARES

The number of shares of stock is:
100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
Llewellyn F. Glinton, President/ Owner
2545 West 80 Street, Unit # 7, Hialeah Fl. 33016

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** of the registered agent is:
2545 west 80 street, Unit # 7
Hialeah Fl. 33016
Llewellyn F. Glinton

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:
Glinton Medical Products and Services
2545 West 80th street, unit #7
Hialeah Fl. 33016

****

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

Llewellyn F Glinton
Signature/Registered Agent

December 22, 2003
Date

Llewellyn F Glinton
Signature/Incorporator

December 22, 2003
Date