

PO4000005767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

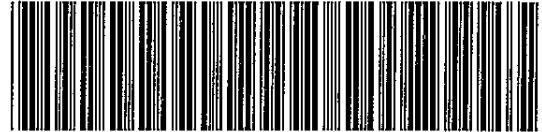
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Llewellyn Clinton GAVE
AUTHORIZATION BY PHONE TO
CORRECT Art VI, Act I
DATE 1/9/04
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TALLAHASSEE, FLORIDA

03 DEC 29 PM 12:58

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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)

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/mailling 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

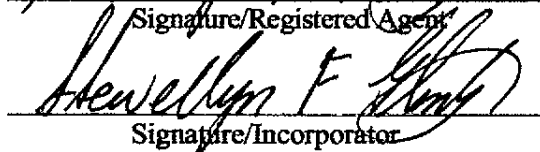
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

December 22, 2003

Date



Signature/Incorporator

December 22, 2003

Date

FILED

03 DEC 29 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA