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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRP
7/12

COVER LETTER

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

SUBJECT: South Florida Association for Medical Instrumentation, 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: Frederick McMurtrie
Name (Printed or typed)

P.O. Box 21386
Address

Fort Lauderdale, Florida 33335
City, State & Zip

954-355-5960
Daytime Telephone number

fmactiger@comcast.net
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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

South Florida Association for Medical Instrumentation, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

990 N. W. 69th Avenue
Margate, FL 33063

Mailing address, if different

P.O. Box 21386
Fort Lauderdale, FL 33335

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

1. Assist members in growth and development of their biomedical programs by the regular exchange of information, ideas, and experiences through meetings and training programs.
2. Establish contact and promote better communication between manufacturers and biomedical programs.
3. Promote better understanding and cooperation with institutional administration.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Officers/Directors shall be elected annually at the January Business Meeting by simple majority.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Frederick McMurtrie
Address: Chairman
514 S.W. 8th Street
Fort Lauderdale, FL 33315

Name and Title: _____
Address: _____

Name and Title: Luis Cardenas
Address: Co-Chairman
1701 N.E. 1st Street
Pompano Beach, FL 33062

Name and Title: _____
Address: _____

Name and Title: Richard L. Morris
Address: Secretary/Treasurer
990 N.W. 69th Avenue
Margate, FL 33063

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Richard L. Morris
Address: 990 N.W. 69th Avenue
Margate, FL 33063

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Frederick McMurtrie
Address: 514 S.W. 8th Street
Fort Lauderdale, FL 33315

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

Required Signature of Registered Agent

7/6/11
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.

Frederick McMurtrie CBET
Required Signature of Incorporator

7-6-2011
Date