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FILED
14 JAN 23 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

✓ 01/30/14

COVER LETTER

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

SUBJECT: Liberia Medical Relief, 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: Kevin M. Strathy, M.P.
Name (Printed or typed)

1017 Orange Creek Ln
Address

Sebring, FL 33870
City, State & Zip

863-382-1371
Daytime Telephone number

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

14 JAN 23 AM 11:00
DEPARTMENT OF STATE
TALLAHASSEE, FL 32314

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: Liberia Medical Relief, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1017 Orange Cr. Ln.
Sebring, FL 33870

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide medical supplies
and services to individuals and medical establishments
within the Republic of Liberia. This will include, but
not be limited to, the direct acquisition and disbursement
of supplies as well as assisting in facilitating medical
services and education

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: appointed
by founders

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nato Y. Strathy, President Name and Title: Kevin M. Strathy, M.D., V.P.

Address: 1017 Orange Creek Ln Address: 1017 Orange Creek Ln
Sebring, FL 33870 Sebring, FL 33870

Name and Title: Robert D. Strathy, Treas Name and Title: _____

Address: 30 Acacia Ct. S. Address: _____
Lake Placid, FL 33852

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

14 JAN 23 AM 11:00
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11/17/2011 BY 60322
UCBA

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: Natya Y. Strathy

Address: 1017 Orange Creek Ln
Sebring, FL 33870

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kevin M. Strathy, MD

Address: 1017 Orange Creek Ln
Sebring, FL 33870

14 JAN 23 AM 11:00
STATE
TALLAHASSEE, FLORIDA

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.

Natya Strathy
Required Signature of Registered Agent

1/17/14
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.

Kevin M. Strathy
Required Signature of Incorporator

1/17/14
Date