

NR00000002463

(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



900341168499

03/03/20--01001--003 \*\*70.00

FILED  
2020 MAR -2 11:45  
2020 MAR -2 PM 4:03  
SECRETARY OF STATE  
TALLAHASSEE, FL

J. FASON

MAR 02 2020

## COVER LETTER

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

SUBJECT: Advanced Medical Instruments, 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: GILBERT CASE  
Name (Printed or typed)

1112 CARISSA DR  
Address

TALLAHASSEE, FL 32308  
City, State & Zip

850 294-8221  
Daytime Telephone number

gc case @ aol. 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: Advanced Medical Instruments, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

Mailing address, if different is:

1112 Carissa Dr  
Tallahassee, FL 32308

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: For research and sale  
of medical equipment for the betterment  
of ~~and~~ those in need of medical treatment.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: \_\_\_\_\_

Appointed by CEO/owner

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Gilbert Case, CEO Name and Title: \_\_\_\_\_

Address: 1112 Carissa Dr. Address: \_\_\_\_\_  
Tallahassee, FL 32308

Name and Title: Napawan Punyanityama, member of Board Name and Title: \_\_\_\_\_

Address: 1112 Carissa Dr. Address: \_\_\_\_\_  
Tallahassee, FL 32308

Name and Title: Harold Ernst, Member of Board Name and Title: \_\_\_\_\_

Address: 2303 Eisenhower St Address: \_\_\_\_\_  
Tallahassee, FL 32301

2020 MAR -2 PM 4:03  
SECRETARY  
STATE  
TALLAHASSEE, FL

FILED

|                       |                       |
|-----------------------|-----------------------|
| 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: GILBERT R. CASE  
Address: 1112 CARISSA DR.  
TALLAHASSEE, FL 32308

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: GILBERT R. CASE  
Address: 1112 CARISSA DR.  
TALLAHASSEE, FL 32308

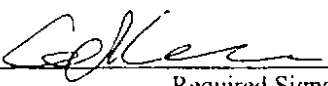
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 3-2-2020 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)


**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

3-2-2020  
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.*

  
Required Signature of Incorporator

3-2-2020  
Date