P02000007800

# TRANSMITTAL LETTER

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

**SUBJECT:** SOUTHEAST MEDICAL SUPPLIES, INC.
**(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)**

600004788396--6
-01/22/02--01068--015
*****78.75 *****78.75

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 of Status

**ADDITIONAL COPY REQUIRED**

FROM: Steven Pressoir
Name (Printed or typed)

250 S. Ocean Blvd. #256
Address

Delray Beach, FL 33483
City, State & Zip

(561) 330-3603
Daytime Telephone number

FILED
02 JAN 22 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**NOTE: Please provide the original and one copy of the artic**

gf 1/29

# 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: Southeast Medical Supplies, Inc.

***ARTICLE II PRINCIPAL OFFICE***

The principal place of business/mailing address is: 250 South Ocean Blvd
#256
Delray Beach, Fl 33483

***ARTICLE III PURPOSE***

The purpose for which the corporation is organized is: Sell Medical Supplies

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TALLAHASSEE, FLORIDA

***ARTICLE IV SHARES***

The number of shares of stock is: 1,000 SHARES

***ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)***

The name(s), address(es) and title(s):

Kimberly M. Sipp, 250 S. Ocean Blvd #256, Delray Beach Fl 33483
President

Steven R. Presson, 250 S. Ocean Blvd #256, Delray Beach Fl 33483
Vice President

***ARTICLE VI REGISTERED AGENT***

The **name and Florida street address** of the registered agent is:

Steven R. Presson, 250 S. Ocean Blvd, #256, Delray Beach, Fl 33483

***ARTICLE VII INCORPORATOR***

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

~~Kimberly M. Sipp~~, 250 S. Ocean Blvd, #256, Delray Beach Fl 33483
Steven R. Presson

**********

***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 — Date: 1-16-2002

Signature/Incorporator — Date: 1-16-2002