

PO2000100753
TRANSMITTAL LETTER

FILED
02 SEP 16 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: Seijo Medical Supply Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

800007770888--3
-09/16/02--01061--009
*****70.00 *****70.00

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Jose Luis Seijo

Name (Printed or typed)

16520 NW 91 Ct

Address

Miami Lakes, FL 33018

City, State & Zip

305-333-7255

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

9/18 ✓

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:

Seijo Medical Supply Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

11117 W Okeechobee Rd., Suite 119
Hialeah Gardens, FL 33018

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provider of medical supplies.

ARTICLE IV SHARES

The number of shares of stock is:

1,000 shares at \$ 1 per share.

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Jose Luis Seijo
16520 NW 91 Ct.
Miami Lakes, FL 33018
President

ARTICLE VI REGISTERED AGENT

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

Jose Luis Seijo
16520 NW 91 Ct.
Miami Lakes, FL 33018

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jose Luis Seijo
16520 NW 91 Ct.
Miami Lakes, FL 33018

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



Signature/Incorporator


Date

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