

PO2000121989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

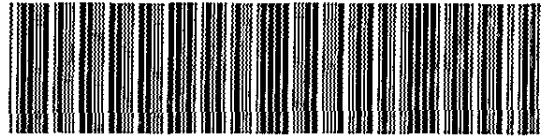
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900008873329

11/12/02--01079--014 **78.75

FILED
02 NOV 12 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/15

TRANSMITTAL LETTER

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

SUBJECT: USA Med Plus Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: SANDAA JOHNSON
Name (Printed or typed)

3032 E Commercial Blvd. #11
Address

Ft. Lauderdale, FL 33308
City, State & Zip

954-816-6162
Daytime Telephone number

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

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:

USA Med Plus Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3032 E Commercial Blvd. #11
Ft. Lauderdale, FL 33308

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Sales

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Sandra Johnson, President, Secretary and Treasurer
3032 E Commercial Blvd. #11
Ft. Lauderdale, FL 33308

ARTICLE VI REGISTERED AGENT

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

Sandra Johnson
3032 E Commercial Blvd. #11
Ft. Lauderdale, FL 33308

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Sandra Johnson
3032 E Commercial Blvd. #11
Ft. Lauderdale, FL 33308

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 Sandra Johnson

11/08/02

Date



Signature/Incorporator Sandra Johnson

11/08/02

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 NOV 12 AM 9:30

FILED