

PO20000130270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

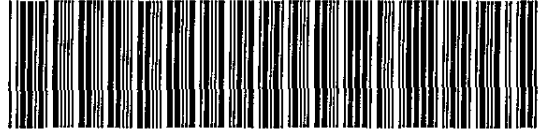
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12-11-02

TRANSMITTAL LETTER

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

SUBJECT: Trans World medical, 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: Michael Evertsen
Name (Printed or typed)

215 NW 138th terrace #100
Address

Newberry, FL 32669
City, State & Zip

678. 849. 7922
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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Trans world medical, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

215 NW 138th Terr. #100
Newberry, FL 32669

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

medical supply distribution

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

michael Evertsen, President

ARTICLE VI REGISTERED AGENT

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

michael Evertsen
215 NW 138th terr #100
Newberry, FL 32669

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

michael Evertsen
215 NW 138th terr #100
Newberry, FL 32669

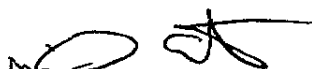
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

12/5/02

Date



Signature/Incorporator

12/5/02

Date