

P03000005014

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

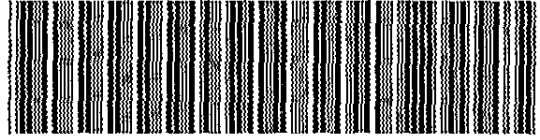
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
03 JAN 13 AM 9:46

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TRANSMITTAL LETTER

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

SUBJECT: Yamato Medical & Surgical Supply, 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: Bradley Goldman
Name (Printed or typed)

9101 Lakeridge Dr. Suite #23
Address

Boca Raton, FL 33496
City, State & Zip

561-477-7196
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:

Yamato Medical & Surgical Supply, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

9101 Lake Ridge Blvd Suite # 23
Boca Raton, FL 33496

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

sale & supply of medical & surgical supplies

ARTICLE IV SHARES

The number of shares of stock is:

100 shares having a par value of ONE DOLLAR (1.00) per share.

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Bradley Goldman
9101 Lake Ridge Blvd. Suite # 23
Boca Raton, FL 33496

ARTICLE VI REGISTERED AGENT

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

Bradley Goldman
9101 Lake Ridge Blvd Suite # 23
Boca Raton, FL 33496

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Bradley Goldman
9101 Lake Ridge Blvd. Suite # 23
Boca Raton, FL 33496

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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