

P03000027800

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

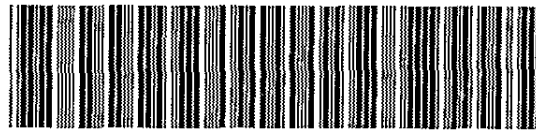
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/3/10

TRANSMITTAL LETTER

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

SUBJECT: Global Source 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 ☒ \$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: Denison Davis
Name (Printed or typed)

10471 NW 2nd St.
Address

Coral Springs, FL 33071
City, State & Zip

(954) 439-8129
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:

Global Source medical, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

10471 NW 2nd Street
Coral Springs, FL 33071

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For any lawful business purpose

ARTICLE IV SHARES

The number of shares of stock is:

1000 shares

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Shireen Juman
Chief Financial Officer
6810 W. Wedgewood Avenue
Davie, FL 33331

ARTICLE VI REGISTERED AGENT

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

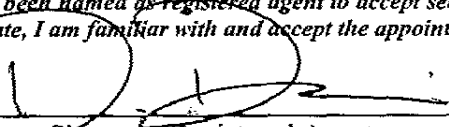
Denison Davis
10471 NW 2nd Street
Coral Springs, FL 33071

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Mohamad Juman
6810 W. Wedgewood Avenue
Davie, FL 33331

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

Nov 12, 2002

Date



Signature/Incorporator

Nov 12, 2002

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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