

PD3000029973

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

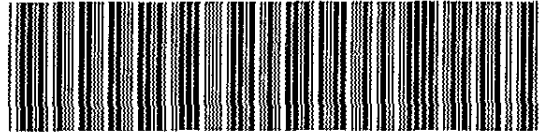
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03 MAR 12 PM 1:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: D MEDICAL EQUIPMENT CORPORATION
(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: VALERIE DRAZEN
Name (Printed or typed)

156 HARSTON COURT
Address

HEATHROW, FL 32746
City, State & Zip

(407) 804-0855
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:

D MEDICAL EQUIPMENT CORPORATION

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3850 ST. JOHNS PARKWAY
SANFORD, FL 32746

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Transacting any and all business permitted under the laws of the united states and of the state of Florida

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Steven A. Drazen
President
156 Harston Court
Heathrow, FL 32746

ARTICLE VI REGISTERED AGENT

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

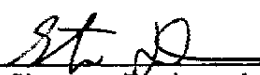
Steven A. Drazen
156 Harston Court
Heathrow, FL 32746

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Valerie Drazen
156 Harston Court
Heathrow, FL 32746

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

3/10/2003

Date



Signature/Incorporator

3/10/2003

Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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