

P03000034399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

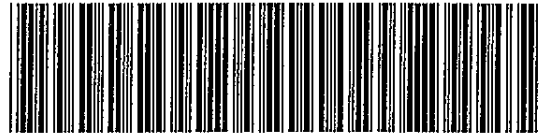
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03 MAR 21 PM 3:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: _____

HAYNAN Medical Supplies, 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: _____

Victor Lopez

Name (Printed or typed)

2228 ACCOIA Ct.

Address

ORLANDO, FL 32836

City, State & Zip

(407) 354-2207

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:

Haynan Medical Supplies, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

8228 ALCOA Ct.
ORLANDO, FL 32836

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Sale and Rental of Medical Supplies

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):

~~h~~ Victor Lopez
8228 ALCOA Ct.
ORLANDO, FL 32836

ARTICLE VI REGISTERED AGENT

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

Victor Lopez
8228 ALCOA Ct.
ORLANDO, FL 32836

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Victor Lopez, President
8228 ALCOA Ct.
ORLANDO, FL 32836

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

Victor Lopez

Signature/Registered Agent

3-18-03

Date

Victor Lopez

Signature/Incorporator

3-19-03

Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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