

PO3000053542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

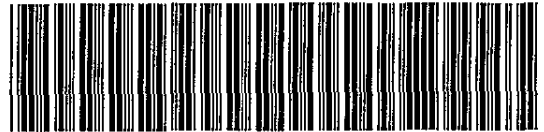
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

✓

4/15

## TRANSMITTAL LETTER

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

SUBJECT:

SCI Medical Supply - Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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:

Anthony V. Swain  
Name (Printed or typed)

901 S Park rd apt 105  
Address

Hollywood FL 33021  
City, State & Zip

954.9165.8164  
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:

S.C.I. - Medical Supply Inc

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

7310 NW 7th  
Miami FL 33150

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Sell & Distribute Durable Medical Equipment & Supplies

**ARTICLE IV SHARES**

The number of shares of stock is:

2

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

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

Marceq Swain - 1914 NW 43rd Miami FL 33142 - Treasurer  
Christie Johnson - 401 Sparked Apt 105 Hollywood FL 33021 - Secretary

**ARTICLE VI REGISTERED AGENT**

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

Marceq Swain 1914 NW 43rd Miami FL 33142

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Anthony Swain 1914 NW 43rd Miami FL 33142

\*\*\*\*\*

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

5-1-03  
Date



Signature/Incorporator

5-1-03  
Date