

PD3000045139

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

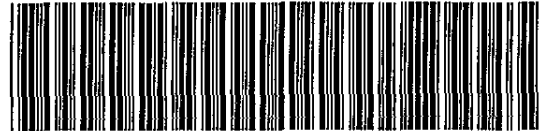
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

2544
W03-15628



200018966512

05/23/03--01073--001 **87.50

FILED
2003 JUN 11 AM 10:29
CLERK OF STATE
TALLAHASSEE FLORIDA

5/12/0

TRANSMITTAL LETTER

FILED

2003 JUN 11 AM 10:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

SUBJECT: MEDICAL EQUIPMENT SOLUTIONS, 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: CATHY J. HIERS
Name (Printed or typed)

5303 WESCONNETT BLVD, SUITE 101
Address

JACKSONVILLE, FL 32210
City, State & Zip

904-813-2336
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

RECEIVED

03 JUN 11 PM 4:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 2, 2003

CATHY J. HIERS
5303 WESCONNETT BLVD.
SUITE 101
JACKSONVILLE, FL 32210

SUBJECT: MEDICAL EQUIPMENT SOLUTIONS, INC.
Ref. Number: W03000015628

We have received your document for MEDICAL EQUIPMENT SOLUTIONS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden
Document Specialist
New Filings Section

Letter Number: 303A00034592

FILED
2003 JUN 11 AM 10:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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:

~~MEDICAL EQUIPMENT SOLUTIONS, INC.~~ *Med-Equip Solutions, Inc.*

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5303 WESCONNETT BLVD, SUITE 101 JACKSONVILLE, FL. 32210

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SALES AND RENTAL OF MEDICAL EQUIPMENT

ARTICLE IV SHARES

The number of shares of stock is:

ONE THOUSAND SHARES (1000)

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

CATHY J. HIERS, PRESIDENT
CANDY A. RICHARDS, VICE PRESIDENT

ARTICLE VI REGISTERED AGENT

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

CATHY J. HIERS
5303 WESCONNETT BLVD, SUITE 101 JACKSONVILLE, FL 32210

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CATHY J. HIERS
5303 WESCONNETT BLVD, SUITE 101 JACKSONVILLE, FL 32210

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

Cathy J. Hiers

Signature/Registered Agent *Cathy J. Hiers*

5/22/03

Date

Cathy J. Hiers

Signature/Incorporator *Cathy J. Hiers*

5/22/03

Date

FILED
2003 JUN 11 AM 10:29
CLERK OF STATE
TALLAHASSEE FLORIDA