

PD3000106061

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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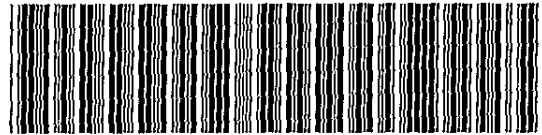
(Business Entity Name)

(Document Number)

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09/15/03--01023--007 **78.75

FILED
03 SEP 26 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W03-26644

9-26-03
26

TRANSMITTAL LETTER

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

SUBJECT: Amerinet Healthcare Group, 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: Tommy D. Meadows

Name (Printed or typed)

650 West Avenue Suite 1504

Address

Miami Beach, Florida 33139

City, State & Zip

(305) 804-8249

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

September 17, 2003

TOMMY D. MEADOWS
650 W AVE, STE 1504
MIAMI BEACH, FL 33139

SUBJECT: AMERINET HEALTHCARE GROUP, INC.
Ref. Number: W03000026644

We have received your document for AMERINET HEALTHCARE GROUP, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete Article(s) .

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) 245-6930.

Donna Graves
Document Specialist
New Filings Section

Letter Number: 103A00051612

RECEIVED
03 SEP 26 AM 8:21
SECRET
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:

Amerinet Healthcare Group, Inc.

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03 SEP 26 PM 2: 16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

650 West Avenue
Suite 1504
Miami Beach, Florida 33139

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This corporation may engage in any activity or business permitted under the laws of the State of Florida and the United States of America.

ARTICLE IV SHARES

The number of shares of stock is:

One Hundred Thousand (100,000) shares of One Dollar (\$1.00) par value common stock.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Tommy D. Meadows P/D
650 West Avenue
Suite 1504
Miami Beach, Florida 33139

ARTICLE VI REGISTERED AGENT

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


Tommy D. Meadows
650 West Avenue
Suite 1504
Miami Beach, Florida 33139

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Tommy D. Meadows
650 West Avenue
Suite 1504
Miami Beach, Florida 33139

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



Date



Signature/Incorporator



Date