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(Requestor's Name)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/11 10/8

TRANSMITTAL LETTER

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

SUBJECT: Affordable Medical Supplies & Equipment of the Treasure Coast, 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: Norma Schwyer

Name (Printed or typed)

5402 NW Emblem Street

Address

Pt. St. Lucie, Florida 34983

City, State & Zip

(772) 340-2906 or 971-0459

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:

Affordable Medical Supplies & Equipment of the Treasure Coast, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5402 NW Emblem Street Pt. St. Lucie Florida 34983

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide medical equipment at a more reasonable cost to the general pubic.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

President- Norma Schwyer

Vice-President- Kimberly Wagner

ARTICLE VI REGISTERED AGENT

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

Norma Schwyer

5402 NW Emblem Street Pt. St. Lucie Florida 34983

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

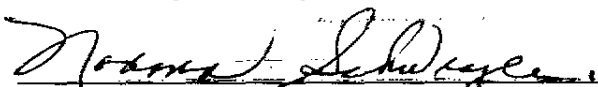
Norma Schwyer

5402 NW Emblem Street Pt. St. Lucie Florida 34983

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

10-03-03
Date


Signature/Incorporator

10-03-03
Date

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA