

P03000112795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☒ MAIL

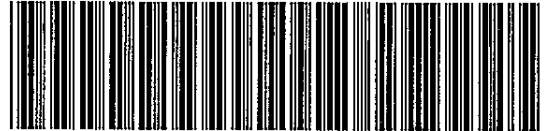
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/11/03--01002--004 **70.00

RECEIVED
03 OCT 10 PM 3:19
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
03 OCT 10 03:11:45
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT:

Capital Diabetic 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:

Raige Miller
Name (Printed or typed)

2510 Miccosukee Rd. Suite 103
Address

Tallahassee FL 32312
City, State & Zip

850-942-0198
Daytime Telephone number

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

ARTICLES OF INCORPORATION

- Article I. NAME
Capital Diabetic Supply Inc.
- Article II. PRINCIPAL OFFICE
2510 Miccosukee Road
Suite 103
Tallahassee, FL 32308
- Article III. PURPOSE
Provide medical supplies to the diabetic market
- Article IV. SHARES
100 shares common stock authorized
- Article V. REGISTERED AGENT
Paige Miller, President
2510 Miccosukee Road
Suite 103
Tallahassee, FL 32308
- Article VI. INCORPORATOR
Paige Miller
2510 Miccosukee Road
Suite 103
Tallahassee, FL 32308

FILED
03 OCT 10 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

10-10-03
Date


Signature/Incorporator

10-10-03
Date