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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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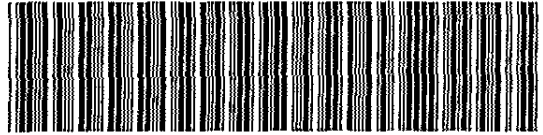
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PA 12/15

## TRANSMITTAL LETTER

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

SUBJECT: MORELLI MEDICAL, 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: JAMES T. MORELLI II  
Name (Printed or typed)

3586 HUDSON LANE  
Address

BOYNTON BEACH, FL 33436  
City, State & Zip

561-843-0215  
Daytime Telephone number

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

**ARTICLES OF INCORPORATION**

**OF**

**MORELLI MEDICAL, INC.**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

***ARTICLE I NAME***

The name of the corporation shall be:

Morelli Medical, Inc.

***ARTICLE II PRINCIPAL OFFICE***

The principal place of business/mailing address is:

3586 Hudson Lane  
Boynton Beach, FL 33436

***ARTICLE III PURPOSE***

The purpose of the Corporation is to engage in any lawful act or activity for which a corporation may be organized under corporate Law of the State of Florida other than banking business, the trust company business, or the practice of a profession permitted to be incorporated by the State of Florida Corporations Code.

***ARTICLE IV SHARES***

The corporation shall have the authority to issue 100,000 shares of common stock, par value \$1.00 per share.

***ARTICLE V INITIAL OFFICERS/DIRECTORS***

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

President and Director  
Chandler E. Morelli  
3586 Hudson Lane  
Boynton Beach, FL 33436

Vice President and Director  
James Thomas Morelli II  
3586 Hudson Lane  
Boynton Beach, FL 33436

**ARTICLE V INITIAL OFFICERS/DIRECTORS (con't.)**

The affairs of the Corporation shall be managed by a Board of Directors consisting of no less than one director. The number of directors may be increased or decreased from time to time in accordance with the Bylaws of the Corporation. The election of directors shall be done in accordance with the Bylaws. The directors shall be protected from personal liability to the fullest extent permitted by applicable law.

**ARTICLE VI REGISTERED AGENT**

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

James Thomas Morelli II  
3586 Hudson Lane  
Boynton Beach, FL 33436

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

James Thomas Morelli II  
3586 Hudson Lane  
Boynton Beach, FL 33436

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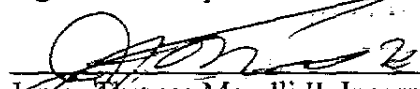
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

Signature/Registered Agent Date

  
James Thomas Morelli II, Registered Agent

12/04/03  
Date

Signature/Incorporator Date

  
James Thomas Morelli II, Incorporator

12/04/03  
Date

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