

P04000008032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

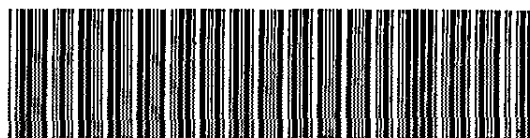
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/05/04--01030--010 **70.00

FILED
04 JAN -5 PM 5:46
SECOND JUDGE, FLORIDA
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: NCI CIN 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: DOUGLAS A. McLEAN
Name (Printed or typed)

300 N. CIRCLE
Address

SEBRING, FLA. 33870
City, State & Zip

863-385-8850
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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

NCI CIN INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

300 N. CIRCLE

SEBRING, FLA. 33870

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

DURABLE MEDICAL EQUIPMENT SALES

ARTICLE IV SHARES

The number of shares of stock is:

5000 SHARES

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

ARTICLE VI REGISTERED AGENT

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

DOUGLAS A. McLEAN

300 N. CIRCLE

SEBRING, FLA. 33870

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

DOUGLAS A. McLEAN

300 N. CIRCLE

SEBRING, FLA. 33870

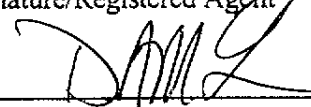
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

1/2/04

Date



Signature/Incorporator

1/2/04

Date