

P04000038695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

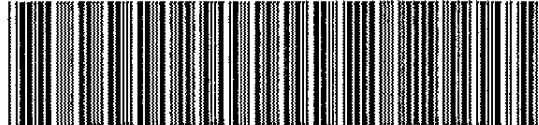
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04 FEB 23 PM 2:12
FEB 23 2004
FEB 23 2004

3-2-04

TRANSMITTAL LETTER

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

SUBJECT: Medical Shopping Network, 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: Ellen Whalen

Name (Printed or typed)

440 South Federal Highway Suite 108

Address

Deerfield Beach, Florida 33441-4187

City, State & Zip

954-570-9916

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:

Medical Shopping Network, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

440 South Federal Highway Suite 108
Deerfield Beach, Florida 33441-4187

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Supplies Training and Sales

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Miriam Goldberg President
Ken Whalen Vice President
Ellen Whalen Secretary and Treasurer

*

ARTICLE VI REGISTERED AGENT

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

Ken Whalen
6697 North Grande Drive
Boca Raton, FL 33433

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Miriam Goldberg
6636 Patio Lane
Boca Raton, Fl 33433

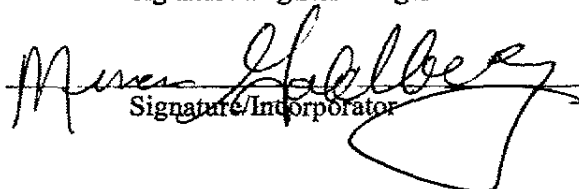
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

2/18/04

Date



Signature/Incorporator

2/18/04

Date

FILED

04 FEB 23 PM 2:12

SECRETARY OF STATE
TALLAHASSEE FLORIDA