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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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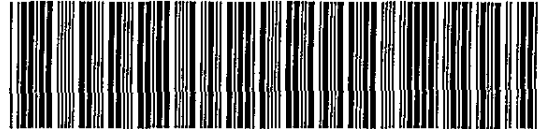
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: Stephen Harley Medical Supplies 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: Stephen Harley

Name (Printed or typed)

9201 NW 55 st.

Address

Sunrise FL. 33351

City, State & Zip

(954) 746-6622

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:

Stephen Harley Medical Supplies Inc.

### **ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/mailling address is:

9201 NW 55 st. Sunrise FL 33351

### **ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

selling medical equipment/supplies

### **ARTICLE IV    SHARES**

The number of shares of stock is:

500

### **ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

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

Stephen Harley (president, 9201 NW 55 st Sunrise FL. 33351)

### **ARTICLE VI    REGISTERED AGENT**

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

Stephen Harley 9201 NW 55 st Sunrise FL. 33351

### **ARTICLE VII    INCORPORATOR**

The name and address of the Incorporator is:

Stephen Harley 9201 NW 55 st. Sunrise FL. 33351

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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

4-20-04  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

4-20-04  
\_\_\_\_\_  
Date