

P05000063881

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

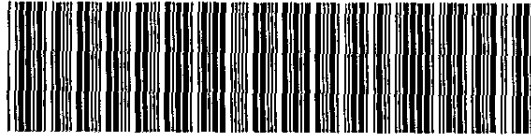
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TRANSMITTAL LETTER

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

SUBJECT: ALMED CORP.
(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: GREGORY ROGATSKIN
Name (Printed or typed)

250 174th. Str. apt. 917
Address

Sunny Isl. Bch. FL 33160
City, State & Zip

305-792-2640
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

March 29, 2005

GREGORY ROGATSKIN
250 174TH ST., APT. 917
SUNNY ISL. BEACH, FL 33160

SUBJECT: ALMED CORP.
Ref. Number: W05000015996

We have received your document for ALMED CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE TAKE THE % SIGN OUT OF YOUR STOCK DESIGNATION.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis
Document Specialist
New Filings Section

Letter Number: 005A00021308

TRANSMITTAL LETTER

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

SUBJECT: ALMED. CORP
(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
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☐ \$78.75 ☐ \$87.50
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 Status

ADDITIONAL COPY REQUIRED

FROM: GREGORY ROGATSKIN
Name (Printed or typed)

250 174th Str. apt. 917
Address

Sunny Isl. Bch Fl 33160
City, State & Zip

305-792-2640
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:

ALMED CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2010 NE 164 Str.
NORTH MIAMI, FL 33162

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ALTERNATIVE MEDICINE

ARTICLE IV SHARES

The number of shares of stock is:

100.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

GREGORY ROGATSKIN
Alternative Medical Practitioner
250 174th street. apt. 917
Sunny Isles Beach, FL 33160

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Gregory Rogatskin
250 174 str. apt.917
Sunny Isl Bch, Fl 33160

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

GREGORY ROGATSKIN
250 174th STR.APT 917
SUNNY ISLES BEACH, FL 33160

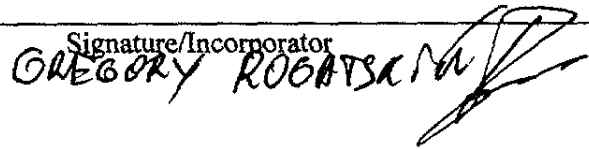
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent INCORPORATOR

04/15/05

Date



Signature/Incorporator

04/15/05

Date

FILED
05 APR 29 11 08 AM
CLERK OF DISTRICT COURT
NORTH MIAMI, FL 33162