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TALLAHASSEE, FLORIDA

03/07/05--01016--005 \*\*78.75

5/24/05  
BWT

W05-13504

## TRANSMITTAL LETTER

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

SUBJECT: Med-Visions 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: Consuelo Duque

Name (Printed or typed)

2770 W 62nd Pl #101

Address

Hialeah, FL 33016

City, State & Zip

305-558-5855

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 16, 2005

CONSUELO DUQUE  
2770 W. 62ND PLACE  
#101  
HIALEAH, FL 33016

SUBJECT: MED VISIONS INC.  
Ref. Number: W05000013504

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

The document number of the name conflict is L04000041465 MEDVISION, LLC.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

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) 245-6840.

Bruce W Kitchens  
Document Specialist  
New Filings Section

Letter Number: 405A00017985

## 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 Visions Inc.

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

2770 W 62nd Pl #101 Hialeah, Fl 33016

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Service and re-sale of Medical Equipment

### **ARTICLE IV SHARES**

The number of shares of stock is:

200

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

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

Consuelo Duque, 2770 W 62nd Pl #101, Hialeah, Fl 33016, Vice President

Marie Rodriquez, 2770 W 62nd Pl #101, Hialeah, Fl 33016, Vice President

### **ARTICLE VI REGISTERED AGENT**

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

Consuelo Duque, 2770 W 62nd Pl #101, Hialeah, Fl 33016

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Marie Rodriquez, 2770 W 62nd Pl #101, Hialeah, Fl 33016, Vice President

\*\*\*\*\*

*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

5/18/05  
Date

  
Signature/Incorporator

5/18/05  
Date

FILED

05 MAY 23 AM 10:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA