

P05000107290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

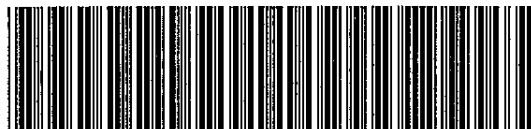
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TRANSMITTAL LETTER

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

SUBJECT: MELI MEDICAL, 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: PAUL I. MELI, III

Name (Printed or typed)

4701 N FEDERAL HIGHWAY, A39

Address

FT LAUDERDALE, FL 33308

City, State & Zip

954-771-8177

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:

MELI MEDICAL, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4701 N FEDERAL HIGHWAY, A39
FT. LAUDERDALE, FL 33308

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FOR ALL LAWFUL BUSINESS PURPOSES

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

PAUL I MELI, III, MD
4701 N FEDERAL HIGHWAY, A39
FT LAUDERDALE, FL 33308
PRESIDENT

ARTICLE VI REGISTERED AGENT

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


PAUL I MELI, III, MD
4701 N FEDERAL HIGHWAY, A39
FT LAUDERDALE, FL 33308

ARTICLE VII INCORPORATOR

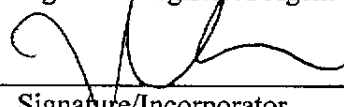
The name and address of the Incorporator is:

PAUL I MELI, III, MD
4701 N FEDERAL HIGHWAY, A39
FT LAUDERDALE, FL 33308

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



Signature/Incorporator

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

7/28/05

Date

7/28/05

Date