

P05000128326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

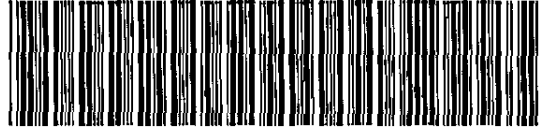
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05 SEP 19 PM 2:12

CLERK OF STATE
TALLAHASSEE, FLORIDA

SEP 19 2005

TRANSMITTAL LETTER

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

SUBJECT: TravelMed 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Dawn Cerbone

Name (Printed or typed)

1600 W. marion Av. Suite 233

Address

Punta Gorda, FL 33950

City, State & Zip

941.639.1121

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:

TravelMed *INC.*

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1600 W. Marion Av. Suite 233 Punta Gorda, FL 33950

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Travel Membership

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):

Dawn Cerbone, President

1600 W. Marion Av. Suite 233 Punta Gorda Florida

ARTICLE VI REGISTERED AGENT

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

Dawn Cerbone

1600 W. Marion Av Suite 233 Punta Gorda Florida 33950

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Dwn Cerbone

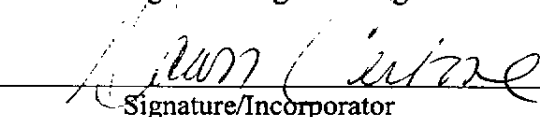
1600 W. Marion Av. Suite 233 Punta Gorda, Florida 33950

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

August 13, 2005

Date


Signature/Incorporator


Date

FILED
05 SEP 19 PM 2:12
CLERK OF STATE
TALLAHASSEE, FLORIDA