

P0500033826

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

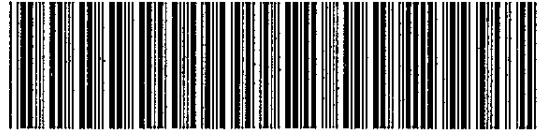
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
05 SEP 29 PM 4:40

MPB  
9/30

## COVER LETTER

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

SUBJECT: PainMedOnly.com, 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: Leslie Platti  
Name (Printed or typed)

14035 SW 84 ST  
Address

MIAMI FL 33183  
City, State & Zip

305 775 1067  
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)

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**ARTICLE I NAME**

The name of the corporation shall be:

PainMedOnly.com, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

14035 SW 84 ST.  
MIAMI FL 33183

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Internet Business

**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):

Leslie Pratti, President  
~~14035~~ 14035 SW 84 ST  
MIAMI FL 33183

Joseph Pratti, VICE  
PRES  
14035 SW 84 ST  
MIAMI FL 331

**ARTICLE VI REGISTERED AGENT**

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

Leslie Pratti  
14035 SW 84 ST  
MIAMI FL 33183

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Leslie Pratti  
14035 SW 84 ST  
MIAMI FL 33183

\*\*\*\*\*

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

Date

Signature/Incorporator

Date