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## **COVER LETTER**

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

SUBJECT: ALL MED SOURCE INC. (PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)		
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u> )		
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:		
☐ \$70.00 <b>★</b> \$78.75 ☐ \$78.75 ☐ \$87.50		
Filing Fee Filing Fee Filing Fee,		
& Certificate of Status		
Status ADDITIONAL COPY REQUIRE		
ADDITIONAL COLT REQUIRES		
FROM: Philip J. Gustafson Name (Printed or typed)		
Name (Printed or typed)		
4934 Main Street		
New Port Richey, FL 34652		
City, State & Zip		

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

## CLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I The name of the corporation shall be: ALL MED SOURCE INC. <u>PRINCIPAL</u> O<u>FFI</u>CE The principal place of business/mailing address is: 4934 Main Street New Port Richey, FL 34652 ARTICLE III **PURPOSE** The purpose for which the corporation is organized is: Distribute medical products. ARTICLE IV SHARES 100 Shares The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Philip J. Gustafson - President Karen M. Fitch - Secretary Treasurer ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Philip J. Gustafson - 5557 Sea Forest Dr. #314 New Port Richey, FZ 34652 INCORPORATOR Philip J. Gustafson - 5557 Sea Forest Dr. #314 The name and address of the Incorporator is: New Port Richey, FZ 34652 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/Incorporator