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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS  
3/22

## COVER LETTER

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

**SUBJECT:** Marines Medical Equipment, 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:** LUIS ABREU

Name (Printed or typed)

14432 SW 158 ST

Address

MIAMI, FL 33177

City, State & Zip

(786)-417-9518

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:

Marines Medical Equipment, Inc

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

14432 SW 158 ST MIAMI, FL 33177

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

SALE AND RENTAL OF MEDICAL EQUIPMENT.

**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):

LUIS ABREU

14432 SW 158 ST MIAMI, FL 33177

**ARTICLE VI REGISTERED AGENT**

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

LUIS ABREU

14432 SW 158 ST MIAMI, FL 33177

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

LUIS ABREU

14432 SW 158 ST MIAMI, FL 33177

\*\*\*\*\*  
*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 /Incorporator

03-17-2006

Date

Signature/Incorporator

Date

FILED

06 MAR 22 PM 4: 56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA