

P060000063011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300073422123

05/03/06--01021--021 **87.50

2006 MAY -3 P 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

5-4-06
100C

COVER LETTER

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

SUBJECT: T & C Health Supply, 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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Llewellyn Ginton

Name (Printed or typed)

3160 N.W 169 Terrace

Address

Carol City, Miami Florida, 33056

City, State & Zip

305 331-7854

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:

T & C Health Supplies, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3160 N. W 169 Terrace, Miami Fl. 33056

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Distribute medical supplies, services domestic and international.

ARTICLE IV SHARES

The number of shares of stock is:

100 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ARTICLE VI REGISTERED AGENT

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

Llewellyn Ginton
3160 N.W 169 Terrace, Carol City, Miami Fl. 33056

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Llewellyn Ginton
3160 N.W 169 Terrace, Carol City, Miami Fl. 33056

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

Registered Agent


Date

FILED
2006 MAY -3 P 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA