

P060000099754

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

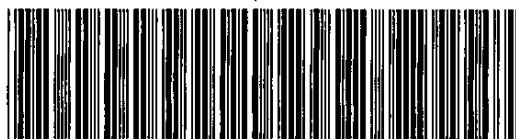
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300077467843

07/17/06--01018--008 **35.00

07/17/06--01018--009 **70.00

FILED

06 JUL 31 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pa

COVER LETTER

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

SUBJECT: CF MEDICAL 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

<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: Ariel Perez
Name (Printed or typed)

3961 NW 11 ST # B8
Address

MIAMI, FL 33126
City, State & Zip

786 439 4164
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 17, 2006

CF MEDICAL SUPPLY, INC.
6237 W FLAGLER ST # 32
MIAMI, FL 33144

SUBJECT: CF MEDICAL SUPPLY, INC.
Ref. Number: W06000031661

We have received your document for CF MEDICAL SUPPLY, INC. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call 850-245-6062.

Paisley A Alford
New Filing Section
Division of Corporations

Letter Number: 006A00045682

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:

CF MEDICAL SUPPLY , INC..

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

961 NW 11 ST # B8
MIAMI, FL 33126

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROFIT

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):

Ariel Perez, President
3961 NW 11 ST # B8
MIAMI, FL 33126

ARTICLE VI REGISTERED AGENT

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

Ariel Perez
3961 NW 11 ST # B8
MIAMI, FL 33126

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ariel Perez
3961 NW 11 ST # B8
MIAMI, FL 33126

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

Signature/Incorporator

7/25/2006

Date

7/25/2006

Date

FILED
06 JUL 31 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA