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(Business Entity Name)

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2006 SEP 14 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/14

COVER LETTER

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

SUBJECT: Medical Distribution Group, 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: Keith Walker

Name (Printed or typed)

17 North Maywood Ave.

Address

Clearwater, FL 33765

City, State & Zip

727-797-9993

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:

Medical Distribution Group, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

17 North Maywood Ave.
Clearwater, FL 33765

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The distribution and sale of durable medical equipment and any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is:

1,000,000 (one million)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Keith H. Walker, President
17 North Maywood Avenue
Clearwater, Florida 33765

ARTICLE VI REGISTERED AGENT

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

Keith H. Walker
17 North Maywood Ave.
Clearwater, FL 33765

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Keith H. Walker
17 North Maywood Ave.
Clearwater, FL 33765

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/12/06

Date

9/12/06

Date