

POL000124633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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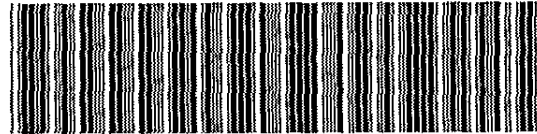
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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06 SEP 18 PM 3:47  
TALLAHASSEE, FLORIDA

9/28/06  
WATERBURY  
9/19/06

## COVER LETTER

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

SUBJECT: G.M. Medical Services 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: Geycel Montoya

Name (Printed or typed)

8107 Sarnow Dr.

Address

Orlando FL, 32822

City, State & Zip

321 947-3967

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 19, 2006

GEYCEL MONTOYA  
8107 SARNOW DR.  
ORLANDO, FL 32822

SUBJECT: G.M. MEDICAL SERVICES INC.  
Ref. Number: W06000040954

We have received your document for G.M. MEDICAL SERVICES INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

You must list at least one incorporator with a complete business street address.

REMOVE THE % SIGN FROM THE STOCK AMOUNT.,

Please return the original and one copy of 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) 245-6955.

Suzanne Hawkes  
Document Specialist  
New Filing Section

Letter Number: 006A00055939

# 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:

G.M. Medical Services Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2400 Forsyth Dr. Suite # 107  
Orlando Fl. 32807

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Durable Medical Equipment/Sales and Rent 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):

Geycel Montoya  
8107 Sarnow Dr.  
Orlando Fl, 32822  
President

## ARTICLE VI REGISTERED AGENT

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

Geycel Montoya  
8107 Sarnow Dr.  
Orlando Fl, 32822

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Geycel Montoya  
8107 Sarnow Dr.  
Orlando Fl, 32822

\*\*\*\*\*  
*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*

X   
Signature/Registered Agent

X 09-25-06  
Date

X   
Signature/Incorporator

X 09-25-06  
Date

FILED  
06 SEP 18 PM 3:47  
TALLAHASSEE, FLORIDA