

PO6000144200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

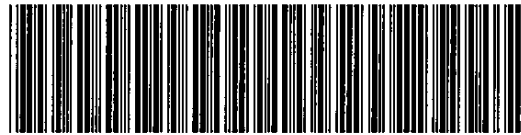
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800080286178

11/15/06--01028--004 **87.50

FILED

2006 NOV 15 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3 November NOV 16 2006

COVER LETTER

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

SUBJECT: Medical Technology Consultants, 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: Jonathan W. May
Name (Printed or typed)

10065 Black Walnut Court
Address

Orlando FL 32832
City, State & Zip

407.208.9183
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 Technology Consultants, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 10065 Black Walnut Court
Orlando, FL 32832

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to merge the medical/surgical environment with technology establishing an educational platform without boundaries.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Shahan A. Mangulkian (Director)
631 Autumn Glen Drive
Melbourne, FL 32940

ARTICLE VI REGISTERED AGENT

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

Jonathan W. May
10065 Black Walnut Court
Orlando, FL 32832

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

HEIDI CORRIVEY
224 Royal Liverpool Lane
Orlando, FL 32808

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

10-20-06

Date

10-20-06

Date

2006 NOV 15 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED