

P07000005263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

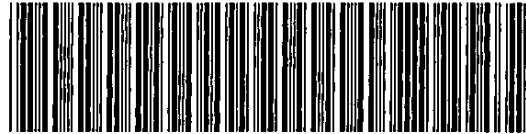
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Cypress Sci-Med 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: William P. Owen

Name (Printed or typed)

6760 NW 22 Terrace

Address

Fort Lauderdale, FL 33309

City, State & Zip

954-254-0429

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:

Cypress Sci-Med Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6760 NW 22 Terrace
Fort Lauderdale, FL 33309

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Buy, Broker, Sell, Repair, and Refurbish Scientific and 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):

William P. Owen, President 6760 NW 22 Terr, Ft. Lauderdale, FL 33309

ARTICLE VI REGISTERED AGENT

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


William P. Owen, 6760 NW 22 Terrace, Fort. Lauderdale, FL 33309

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

William P. Owen, 6760 NW 22 Terrace, Fort. Lauderdale, FL 33309

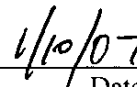
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



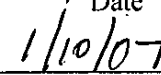
Signature/Registered Agent



Signature/Incorporator



Date



Date

FILED
07 JAN 12 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA