

PO7004060220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

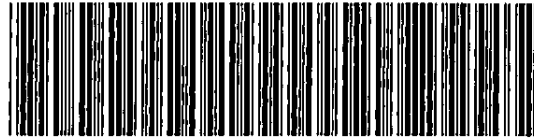
(Business Entity Name)

(Document Number)

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07 MAY 18 AM 7:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

5/22

**COVER LETTER**

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

SUBJECT: Nu-MedTek, 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: Dawn Bailey  
Name (Printed or typed)

1890 State Road 436, Suite 295  
Address

Winter Park, FL 32792  
City, State & Zip

407-679-2522  
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:

Nu-MedTek, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

1890 State Road 436, Suite 295  
Winter Park, FL 32792

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any and all lawful business

**ARTICLE IV SHARES**

The number of shares of stock is:

1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Title: P  
Dawn Bailey  
2036 Sultan Circle  
Chuluota, FL 32766

**ARTICLE VI REGISTERED AGENT**

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

Dawn Bailey  
1890 SR 436, Suite 295  
Winter Park, FL 32792


**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Dawn Bailey  
1890 SR 436, Suite 295  
Winter Park, FL 32792

\*\*\*\*\*

*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

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