

P07000099391

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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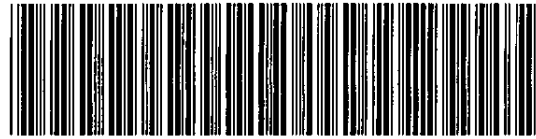
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

KS

9/6/07

COVER LETTER

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

SUBJECT: NOVISMED CORPORATION

(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: LUIS E. MARTINEZ

Name (Printed or typed)

10626 SW 79 TERRACE

Address

MIAMI, FL 33173

City, State & Zip

305.798.6816

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:

NOVISMED CORPORATION

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

10626 SW 79 TERRACE
MIAMI,FLORIDA 33173

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SALE AND DISTRIBUTION OF MEDICAL EQUIPMENT AND HOSPITAL FOR EXPORT

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):

ELENA M. MARTINEZ (P)
10626 SW 79 TERRACE
MIAMI, FL 33173

LUIS E. MARTINES (VP-GRL MGR)
10626 SW 79 TERRACE
MIAMI, FL 33173

ARTICLE VI REGISTERED AGENT

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

LUIS E. MARTINEZ
10626 SW 79TH. TERRACE
MIAMI, FL 33173

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LUIS E. MARTINEZ
10626 SW 79TH. TERRACE
MIAMI, FL 33173

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

Luis E. Martinez

Signature/Registered Agent

Luis E. Martinez

Signature/Incorporator

FILED

07 SEP -5 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/27/07

Date

8/27/07

Date