

P08000024430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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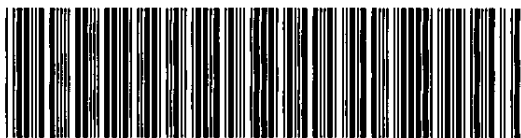
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/22/08--01019--007 **70.00

2008 MAR -5 P 1:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

3-7-08
W 9:55
WPC



RECEIVED

08 MAR -5 AM 8:00

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2008

LISA SCHAGER-SMITH
8662 SW 89TH LANE
GAINESVILLE, FL 32608

SUBJECT: LAS ENTERPRISES, INC.
Ref. Number: W08000009585

We have received your document for LAS ENTERPRISES, 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from there one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected 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) 245-6995.

Wanda Cunningham
Regulatory Specialist II
New Filing Section

Letter Number: 908A00011361

COVER LETTER

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

SUBJECT: ~~LAS Enterprises, Inc.~~ MedBiz Enterprises, 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: Lisa Schager-Smith

Name (Printed or typed)

8662 SW 89th Lane

Address

Gainesville, Fl. 32608

City, State & Zip

352-359-0669

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:

~~LAS Enterprises, Inc.~~ Med Biz Enterprises, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

8662 SW 89TH LANE
GAINESVILLE, FL. 32608

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO CONDUCT ANY AND ALL LAWFUL BUSINESSES THAT A CORPORATION IS
ENTITLED TO DO UNDER THE STATE OF FLORIDA CORPORATION ACT.

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):

LISA SCHAGER-SMITH
8662 SW 89TH LANE
GAINESVILLE, FL. 32608
PRESIDENT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

LISA SCHAGER-SMITH
8662 SW 89TH LANE
GAINESVILLE, FL. 32608

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LISA SCHAGER-SMITH
8662 SW 89TH LANE
GAINESVILLE, FL. 32608

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

2-21-08

Date



Signature/Incorporator

2-21-08

Date