

P08000040265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

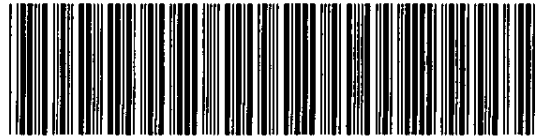
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/15/08--01033--002 **70.00

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08 APR 15 AM 7:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]
4/22

COVER LETTER

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

SUBJECT: Larcon 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
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: Dailys I. Medina
Name (Printed or typed)

10180 N.W. 133rd St.
Address

Hialeah Gardens, FL. 33018
City, State & Zip

(786) 390-5472
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

AFFIDAVIT

STATE OF FLORIDA))

COUNTY OF MIAMI-DADE))

BEFORE ME, the undersigned authority, personally appeared DAILYS I. MEDINA ("Affiant"), who after being first duly sworn, proposes and says:

1. My name is DAILYS I. MEDINA and my current address is 10180 N.W. 133rd Street Hialeah Gardens, FL 33018.
2. I am the President and founder of Larcon Med, Inc.
3. I hereby state that I have no intentions of re-activating Larcon Med, Inc. as a non-profit organization.
4. The original filing of Larcon Med, Inc. as a non-profit organization was an inadvertent mistake.
5. I hereby release the name of Larcon Med, Inc. to be used as a new profit organization.

FURTHER AFFIANT SAYETH NAUGHT.

Affiant's Signature: _____

DAILYS I. MEDINA

WITNESSES: _____

Jonathan Medina
Print Name: Jonathan Medina

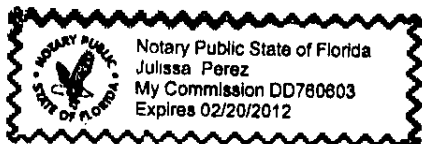
Julissa Perez
Print Name: Julissa Perez

Sworn to and subscribed before me this
4th day of April, 2008.

Julissa Perez
NOTARY PUBLIC, STATE OF FLORIDA

Personally known ☒ or produced identification _____

Type of Identification Produced _____



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:

Larcon Med, Inc.

ARTICLE II PRINCIPAL OFFICE

The principle street address and mailing address, if different is:

10180 N.W. 133rd Street
Hialeah Gardens, FL. 33018

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:

100 shares par

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Dailys I. Medina, President
10180 N.W. 133rd Street
Hialeah Gardens, FL. 33018

Jonathan Medina, Secretary
10180 N.W. 133rd Street
Hialeah Gardens, FL. 33018

ARTICLE VI REGISTERED AGENT

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

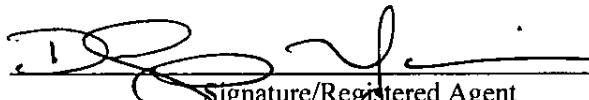
Dailys I. Medina
10180 N.W. 133rd Street
Hialeah Gardens, FL. 33018

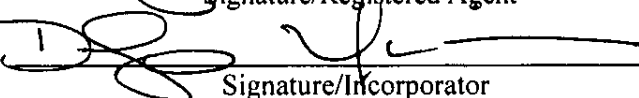
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Dailys I. Medina
10180 N.W. 133rd Street
Hialeah Gardens, FL. 33018

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

4/4/08

Date
4/4/08

Date

FILED
08 APR 15 AM 7:58
CLERK OF STATE
TALLAHASSEE, FLORIDA