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COVER LETTER

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

SUBJECT: GLOBAL MEDICAL DISTRIBUTORS CORP
(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

FROM: CALVIN CAO
Name (Printed or typed)
2203 N. LOIS AVE, 9TH FLOOR
Address
TAMPA, FL 33607
City, State & Zip
813-610-3216
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:

GLOBAL MEDICAL DISTRIBUTORS CORP

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

CALVIN CAO
2203 N. LOIS AVE., 9TH FLOOR
TAMPA, FL 33607

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

DISTRIBUTORS OF MEDICAL EQUIPMENT

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES OF COMMON STOCK

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name and address of the officer/director is:

CALVIN CAO, PRESIDENT
2203 N. LOIS AVE., 9TH FLOOR
TAMPA, FL 33607

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

CALVIN CAO, PRESIDENT
2203 N. LOIS AVE., 9TH FLOOR
TAMPA, FL 33607

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

CALVIN CAO, PRESIDENT
2203 N. LOIS AVE., 9TH FLOOR
TAMPA, FL 33607

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

08 NOV - 4 AM 12:29

SECRETARY OF STATE
TAMPA, FLORIDA