P09000070457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☒ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/21/09

COVER LETTER

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09 AUG 21 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: Vascular Access Specialists, 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: Alicia Melvin
Name (Printed or typed)

3539 Apalachee Pkwy STE 3-197
Address

Tallahassee, FL 32311
City, State & Zip

850 395 0481
Daytime Telephone number

admelvin2002@yahoo.com
E-mail address: (to be used for future annual report notification)

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Vascular Access Specialists, Inc

ARTICLE II PRINCIPAL OFFICE

The principal **street** address and mailing address, if different is:

3539 Apalachee Pkwy
STE 3-197
TLH FL 32311

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

President/CEO Alicia Melvin
3539 Apalachee Pkwy
STE 3-197 TLH FL 32311

ARTICLE VI REGISTERED AGENT

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

Alicia Melvin
3539 Apalachee Pkwy
STE 3-197
TLH FL 32311

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Alicia Melvin
3539 Apalachee Pkwy
STE 3-197
TLH FL 32311

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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 — Date: 8/21/09

Signature/Incorporator — Date: 8/21/09